

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA WORKERS COMPENSATION COMMISSION
FULL COMMISSION

Case No.: 2018-002152

Willie Carroll Powell, Employee,

Appellant,

v.

Johnsonville Mechanical Contractors, Inc., Employer,
and
Bridgefield Casualty Insurance Company c/o Summit, Carrier,

Respondents.

RECORD ON APPEAL

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SC Court of Appeals

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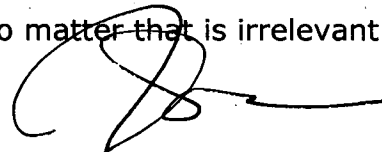
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I certify that this designation contains no matter that is irrelevant to this appeal.



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ATTORNEY FOR APPELLANT

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1607281

WILLIE CARROLL POWELL,

Employee,

Claimant,

vs.

JOHNSONVILLE MECHANICAL
CONTRACTORS, INC.,

Employer,

AND

BRIDGEFIELD CASUALTY INSURANCE
COMPANY c/o SUMMIT,

Carrier,

Defendants.

DECISION AND ORDER

DATE OF HEARING:

Hearing held in Hartsville, S.C. on March 30, 2017

APPEARANCES:

Claimant appeared and represented by Thomas W. Greene,
Esquire of Greene Law Firm of Johns Island,
South Carolina.

Defendants represented by J. Brandon Hylton, Esquire of
McAngus Goudelock & Courie, L.L.C. of Florence, South
Carolina.

PURPOSE OF THE HEARING:

To determine all issues as set forth in Forms 50 and 51.

COMMISSIONER:

Commissioner T. Scott Beck

FILED:

May 12, 2017

STIPULATIONS

Counsel for the parties stipulated at the hearing to the following issues:

1. The purpose of the hearing is to determine the issues as set forth of the Forms 50 and 51 and any other issues which may timely come before the Commission.
2. The Claimant's average weekly wage is \$685.75, yielding compensation rate of \$457.19.
3. Venue is set in Darlington County without objection by the parties
4. Notice of the hearing was timely and properly served upon all parties.
5. The Defendants stipulate that the the Claimant sustained a compensable injury to the right leg, but deny a compensable injury to back.
6. The Defendants agree to pay temporary total disability benefits from August 15, 2016 to November 11, 2016, a period of thirteen weeks. In addition, if Claimant has been paid any temporary total or temporary partial benefits at a rate less than \$457.19 per week he shall be paid the difference between what he was paid and \$457.19.
7. The Defendants agree to authorize medical treatment with either Dr. David Stickler or Dr. Patrick Denton.

APA SUBMISSIONS

<u>APA</u>	<u>Provider/Facility</u>	<u>Report Dates</u>	<u>Pages</u>
1.	Pee Dee Family Practice	5/27/16-7/6/16	1-5
2.	Letter to Daniel E. DeCamps, M.D.	9/6/16	6-7
	Response from Daniel E. DeCamps, M.D.	9/9/16	8-9
3.	Inmed Diagnostic Services	6/22/16	10
4.	Pain Specialists of Charleston- Dr. Stickler	7/21/16-8/9/16	11-24
5.	Lake City Community Hospital	10/03/16	25-26
6.	Southeastern Spine Institute	10/20/16	27-28
7.	First Report of Injury	6/14/16-7/8/16	29-31
8.	Form 15 - Request for Hearing	8/17/16	32-33
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9.	Affidavit of David Newton	8/18/16	35-36
10.	Affidavit of Tyler Edwards	8/18/16	37-38
11.	Pee Dee Spine Center Therapy Prescription	3/2/17	39
12.	Patrick K. Denton, M.D.	3/1/17	40-42
13.	Carroll Powell- Wages 52 Weeks Prior to Injury	5/3/15-4/30/16	43-44
14.	Wages for Similar Employee- David Denton		45
15.	Carroll Powell 2015 Tax Return & W-2		46-47
16.	Pee Dee Family Practice	2/27/09-4/8/16	48-58
17.	Neurology Specialist of Charleston	8/19/16	59
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A.	Deposition of David Newton		
B.	Deposition of Tyler Edwards		

STATEMENT OF THE CASE

Based on the stipulations above, the Claimant's Counsel asserts there are no other issues to address at this hearing, as the Claimant would like to hold the back injury claim in abeyance for a future hearing, per his statement on his Form 58, Pre-Hearing Brief. Defendants assert that the Claimant had asserted a back injury claim on his Form 50, Request for Hearing, and that the Claimant needed to bring all possible claims, including that back claim, at this hearing instead of litigating issues by piecemeal.

FINDINGS OF FACT

1. I adopt the stipulations noted above as findings of fact as if written verbatim herein.

2. I find that the Claimant properly withdrew the back injury claim as an issue for this hearing on his Form 58, Pre-Hearing Brief. Thus, I do not find the back claim is properly before the Commission at this Hearing.
3. I find that the Claimant has the right to control the issues for this Hearing, as this Hearing was initiated by the Claimant's Form 50, Request for Hearing and properly amended on his Form 58, Pre-Hearing Brief.
4. I find that the back injury claim is held in abeyance.

CONCLUSIONS OF LAW

1. Section 42-1-160 is applicable in defining injury and personal injury;
2. Section 42-17-40 is applicable in governing the conduct of hearings and rendering of awards.

ORDER

Based on the Findings of Fact and Conclusions of Law, the undersigned Commissioner orders as follows:

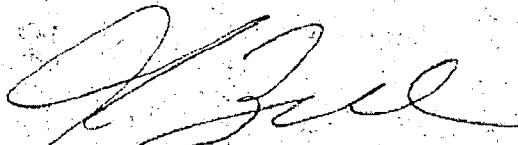
IT IS ORDERED that the Claimant sustained a compensable injury to his right leg as a result of a work accident occurring on May 3, 2016.

IT IS FURTHER ORDERED that based on stipulations of both parties, Claimant is entitled to temporary total disability benefits from August 15, 2016 to November 11, 2016, a period of thirteen weeks.

IT IS FURTHER ORDERED that Claimant is entitled to authorized causally-related medical treatment with Dr. Stickler and/or Dr. Denton.

IT IS FURTHER ORDERED that the back injury claim is not properly before the Commission at this Hearing based on the fact that the Claimant withdrew that as an issue on his Pre-Hearing Brief, and thus, that claim is held in abeyance.

AND IT IS SO ORDERED.



Commissioner Scott T. Beck
5/24/17

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Shawnee DeBruhl on May 12, 2017

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO: 1607281

WILLIE CARROLL POWELL,

Employee,

Claimant,

vs.

JOHNSONVILLE MECHANICAL
CONTRACTORS, INC.,

Employer,

AND

BRIDGEFIELD CASUALTY INSURANCE
COMPANY c/o SUMMIT,

Carrier,

Defendants

DECISION AND ORDER

DATE OF HEARING:

Hearing held in Hartsville, SC on November 30, 2017

APPEARANCES:

Thomas W. Greene, Esquire of Greene Law Firm of Johns
Island, South Carolina.

Defendants represented by J. Brandon Hylton, Esquire of
McAngus Goudelock & Courie, L.L.C. of Florence, South
Carolina.

PURPOSE OF THE HEARING:

To determine all issues as set forth in Forms 50 and 51, as
well as any other issues which may timely come before the
Commission

COMMISSIONER:

Commissioner Aisha Taylor

FILED:

May 22, 2017

STIPULATIONS

Counsel for the parties stipulated at the hearing to the following:

1. The purpose of the hearing was to determine issues set forth in the Form 50 of the Claimant dated August 18, 2017, and the Form 51 of the Employer/Carrier dated September 11, 2017, and any other issues that may timely come before the Commissioner.
2. Notice of the hearing was timely and properly served upon all parties of interest.
3. Venue set in Darlington County is proper.
4. The Commission's file is made a part of this record with the exception of unstipulated medical and self-serving hearsay.

APA SUBMISSIONS

The following records were submitted into evidence pursuant to the Administrative Procedures Act by Defendants:

APA#	RECORDS OF:	DATES	PAGES
1.	Pee Dee Family Practice	05/08/2015 – 04/08/2016	1-3
2.	Dr. David Stickler, Neurology Specialists of Charleston	07/21/2016 – 08/19/2016	4-9
3.	Dr. W.S. Edwards, Pee Dee Spine Center	02/02/2017	10-12
4.	Dr. Patrick K. Denton, Pee Dee Orthopaedic Associates	08/14/2017	13

The following records were submitted into evidence pursuant to the Administrative Procedures Act on behalf of the Claimant:

APA#	RECORDS OF:	DATES	PAGES
1.	Pee Dee Family Practice	05/27/2016 – 09/09/2016	1-6
2.	Dr. David Stickler, Neurology Specialists of Charleston	07/21/2016 – 09/06/2016	7-20

3.	Dr. Patrick K. Denton, Pee Dee Orthopaedic Associates	03/01/2017 – 08/15/2017	21 - 47
4.	Stephen Poletti, MD, Southeastern Spine Institute	10/20/2016	48-49
5.	Catherine Soriano, PA, Florence Neurosurgery and Spine	09/14/2017 - 10/11/2017	50-52A
6.	Lake City Community Hospital	10/03/2016	53-54
7.	Correspondence between Attorney J. Brandon Hylton and Attorney Thomas W. Greene	08/16/2017 – 08/21/2017	55-58
8.	Copy of check from Thomas W. Greene, Esquire made payable to Florence Neurosurgery and Spine	09/26/2017	59
9.	Invoices from Lake City Community Hospital	10/03/2016 - 06/02/2017	60-61A
10.	Catherine Soriano, PA, Florence Neurosurgery and Spine	10/11/2017	62 - 64
11.	Article from Johns Hopkins Peripheral Nerve Surgery Center regarding Peroneal Nerve Injury (Foot Drop)	11/14/2017	65-66
12.	Portion of transcript from Dr. Patrick Denton's deposition	11/01/2017	67-74

STATEMENT OF THE CASE

The Claimant sustained an admitted injury to his peroneal nerve in his right leg as a result of an accident occurring on May 3, 2016. The Claimant alleges that he has an additional compensable injury to his low back and right knee and request that the back and right knee be found compensable and that treatment be ordered.

The Defendants deny that the alleged back and right knee injuries are related to the accident of May 3, 2016 and request a finding that Claimant's injury is limited to the peroneal nerve in the right leg, only.

With the exception of any unstipulated medical evidence or self-serving declaration, the Commission's file is made part of the record. Medical evidentiary submissions were made pursuant to the Administrative Procedure Act, as noted above.

EVIDENCE OF THE CASE

Medical Evidence

All the medical evidence submitted was taken into consideration in deciding this matter. A summary of the medical evidence that I find most relative to the issues at hand is found below.

Claimant was seen by Dr. Daniel DeCamps at Pee Dee Family Practice on May 27, 2016, who opined that Claimant "probably strained or popped one of his tendons" in his right lower extremity and was given a prescription for Diazepam (Claimant's APA, page 1). At his follow-up visit on June 8, 2016, Claimant complained of right leg pain that radiated to his back and then to his left leg. Dr. DeCamps stated that he felt Claimant had a tendon rupture and had developed compensatory pain in his left side from walking differently, compensating for his injury on the right side. Claimant was placed on light duty and an MRI of the calf was ordered (Claimant's APA, page 2). Claimant saw Dr. DeCamps on July 6, 2016, at which time he complained of pain and numbness in his left hand joints. Claimant remained on light duty (Claimant's APA, page 3). On July 8, 2016, Dr. decamps opined that the pain and swelling in Claimant's left hand was probably being caused by arthritis (Claimant's APA, page 4). On September 9, 2016, Dr. DeCamps issued a written statement that the Claimant "did suffer an injury to his right lower extremity and from his description of how it occurred that his current symptoms in that area were a result of his injury," (Claimant's APA, pages 5-6).

Claimant was seen by Dr. David Stickler of Neurology Specialists of Charleston on July 21, 2016. At this time, Claimant complained of pain in his bilateral legs and bilateral hands, including grip strength. Dr. Stickler reviewed Claimant's MRI and noted that the MRI findings were "non-specific but could be related to a primary neurogenic process." Dr. Stickler further

noted that the examination "was very difficult to interpret with reported inability to cooperate with just about all motor testing limited secondary to pain," and that Claimant's "complaints are greater than what would be expected for a focal tibial neuropathy or even lumbar radiculopathy with more recent complaints in both hands," (Claimant's APA, page 13). Dr. Stickler recommended an EMG of the bilateral lower extremities.

Claimant underwent an EMG and nerve conduction study of the right lower extremity on August 9, 2016. This study did not record accurate results due to technical limitations regarding Claimant's reaction to pain and an MRI of the lumbar spine was ordered for further evaluation (Claimant's APA, pages 15-19).

Claimant was seen for an IME by Dr. W.S. Edwards, Jr., on February 2, 2017. At that time, Dr. Edwards opined that Claimant "suffered what appears to be a direct muscular strain or tear of the right lower extremity," and that Claimant's "spinal condition is not relevant." Dr. Edwards also noted that "there is no impairment associated with [Claimant's] lumbar spine," and that "these are degenerative changes that were not caused by his industrial accident," (Defendants' APA, pages 10-11).

On March 1, 2017, Claimant underwent an IME by Dr. Patrick Denton, who diagnosed Claimant with a neurologic injury, "most likely to the peroneal nerve or at the tibial nerve peroneal nerve junction." During this IME, Claimant stated that his "lateral 3 toes are numb," and that he has difficulty elevating his foot (Claimant's APA, page 21). Dr. Denton noted that Claimant had "weakness with dorsiflexion of his foot," and "decreased 2 point sensation on the dorsum of the lateral foot," (Claimant's APA, page 22). Dr. Denton ruled out a separate knee injury and opined Claimant should retry the EMG and Claimant's future "workup should be continued with either neurology or possibly neurosurgery for peripheral nerve injury." Dr.

Denton further noted that Claimant may also "benefit from an AFO if he has difficulty ambulating with regards to the weakness in his foot," (Claimant's APA, page 23). When Claimant returned to Dr. Denton on August 9, 2017, he still had to be seen by a neurologist and/or a neurosurgeon (Claimant's APA, page 24) but on August 27, 2017, Claimant was referred to Dr. William Naso for evaluation and treatment with a diagnosis of "peroneal nerve palsy with foot drop," (Claimant's APA, page 25).

Claimant saw Dr. Naso on October 14, 2017, with complaints of shooting pains from his right side of his low back radiating to his foot. Dr. Naso opined that Claimant's lumbar MRI was "relatively unremarkable," and recommended a course of physical therapy and as well as a lumbar epidural steroid injection (Claimant's APA, pages 50-51). Dr. Naso issued a medical statement on November 14, 2017, stating "If it is true that the patient developed at the time of his injury or shortly thereafter pain that began in the low back radiating down the right leg into the foot, and if it is true that he did not have these symptoms pre-injury, then it would be my opinion that his work-related injury is directly related to his symptoms," (Claimant's APA, page 52-A).

The deposition of Dr. Patrick Denton was taken on November 1, 2017. Dr. Denton testified that he found no internal injury related to the Claimant's knee and that he believed the Claimant had a possible injury to his peroneal nerve, thus the reason for the referral to Dr. Naso at Florence Neurosurgery and Spine.

Non-Medical Evidence

The Claimant testified regarding his injury. He testified that he was sitting on a piece of pipe with his legs locked underneath another piece of pipe. He stated that when he went to pull himself up, he felt a sharp pain in his leg. He testified that he noticed he was having back pains

in addition to his leg pain "probably two or three days later." Claimant testified that he had no prior problems with his low back, his right leg, or thigh before the accident that occurred on May 3, 2016. During cross examination, Claimant later testified that his back pain was present May 8, 2015 and that he saw Dr. DeCamps on April 18, 2016 for chronic pain syndrome. Claimant stated that he was previously involved in a four-wheeler accident in which he injured his right knee.

Claimant testified that Dr. Stickler requested an EMG for his leg that was authorized but Claimant elected not to proceed with the recommended EMG.

Claimant testified that he has returned to work but that his back still hurts. He testified that he has not been able to perform his regular job as a pipefitter and welder since the accident. He stated that he is on light duty.

Claimant testified that he has not received any medical treatment in the past eighteen months. He further stated that he would like for Dr. William Naso to be his authorized treating physician in terms of treatment for his Workers' Compensation injury.

FINDINGS OF FACT

1. Claimant sustained an admitted compensable injury to his right leg within the course and scope of his employment.
2. Claimant initially reported his injury as follows: "He had his right leg kind of wrapped around a pipe laying on his back, and when he went to pull up he felt something pop in the back of his right calf," (Claimant's APA, page 1).
3. On September 9, 2016, Dr. Daniel DeCamps provided a medical statement which stated: "I can state with a reasonable degree of medical certainty that the patient did suffer an

injury to his right lower extremity and from his description of how it occurred that his current symptoms in that area were a result of his injury,” (Claimant’s APA, pages 5-6).

4. Claimant later began to complain of never pain that ran from his right leg into his back and back down into his right foot. At one point, Claimant complained of pain in both legs and both hands, including loss of grip strength (Claimant’s APA, page 13).
5. Claimant received diagnostic evaluations including an EMG, which did not record accurate results due to technical limitations regarding Claimant’s reaction to pain (Claimant’s APA, page 15). Claimant also had an MRI of his lumbar spine, which showed some degenerative changes at L5-S1.
6. On March 1, 2017, Claimant underwent an Independent Medical Evaluation with Dr. Denton who diagnosed Claimant with a neurologic injury “most likely to the peroneal nerve or at the tibial nerve peroneal nerve junction.” Dr. Denton ruled out a separate knee injury and opined Claimant should retry the EMG and Claimant’s future “workup should be continued with either neurology or possibly neurosurgery for peripheral nerve injury,” (Claimant’s APA, page 23).
7. On August 9, 2017, Claimant returned to Dr. Denton and still had not yet seen a neurologist or neurosurgeon (Claimant’s APA, page 24).
8. On August 27, Claimant was referred to Dr. Naso for evaluation and treatment with a diagnosis of “peroneal nerve palsy with foot drop,” (Claimant’s APA, page 25).
9. Claimant saw Dr. Naso on October 14, 2017, who opined Claimant’s lumbar MRI was “relatively unremarkable.” Dr. Naso recommended a course of physical therapy and an L5/S1 ESI (Claimant’s APA, page 51).

10. On November 14, 2017, Dr. Naso provided a medical statement that conditioned his medical opinion on facts that I find are not supported by a preponderance of the medical evidence. Specifically, Dr. Naso stated, "If it is true that the patient developed at the time of his injury or shortly thereafter pain that began in the low back radiating down the right leg into the foot..." (Claimant's APA, page 52-A). I find this hypothetical is not consistent with the preponderance of the medical evidence including Claimant's initial reporting of the injury.

11. I find Claimant's right leg injury is limited to that of the peroneal nerve in the right leg. This finding is based upon the preponderance of the medical evidence including the deposition testimony of Dr. Denton which I found to be persuasive. I did review Dr. Johnson's IME report dated October 20, 2016 that also causally related Claimant's alleged back and right knee injury; however, I find it is out of proportion with the preponderance of the medical evidence as a whole and thus, I did not give it great weight.

12. Claimant is not at maximum medical improvement for his right leg/peroneal nerve injury and is entitled to additional medical treatment at the direction of Defendants pursuant to S.C. Code Section 42-15-60.

13. I find Claimant failed to meet his burden of proving a separate or independent injury to his back or right knee as a result of this injury. This finding is supported by a preponderance of the evidence as a whole.

14. Claimant is entitled to temporary total or temporary partial disability benefits for all lost time from work due to his right leg/peroneal nerve injury as documented by the authorized treating physicians, if any.

15. No hearing costs are assessed.

CONCLUSIONS OF LAW

1. Section 42-1-160 of the South Carolina Code of Laws (1976, as amended) is applicable in defining "injury and personal injury."
2. Section 42-9-35 of the South Carolina Code of Laws (1976, as amended) is applicable in determining evidence of a preexisting condition.
3. Section 42-15-60 of the South Carolina Code of Law (1976, as amended) is applicable in determining the period of time within which medical treatment and supply shall be furnished.
4. Section 42-17-40 of the South Carolina Code of Laws (1976, as amended) is applicable in governing the conduct of Hearings and rendering of awards.

ORDER

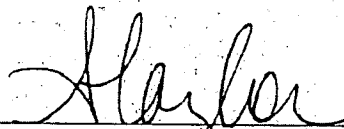
IT IS ORDERED that the Claimant sustained an injury only to the peroneal nerve in his right lower extremity as a result of a compensable work related accident on May 3, 2016.

IT IS FURTHER ORDERED that Claimant failed to meet his burden of proof that he sustained a compensable injury to his back and right knee as a result of the work related accident of May 3, 2016.

IT IS FURTHER ORDERED that Claimant is entitled to an evaluation of his peroneal nerve in his right leg to be conducted by a physician of the Defendant's choosing pursuant to Section 42-15-60 of the South Carolina Workers' Compensation Act.

No hearing costs are assessed in this case.

AND IT IS SO ORDERED.



Commissioner Aisha Taylor

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.

May 24, 2018

By: Renee Smith, Administrative Assistant to Commissioner Taylor

Received 11/30/18

APPELLATE PANEL DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO: 1607281

Willie Carroll Powell

EMPLOYEE,
CLAIMANT/RESPONDENT

VS.

Johnsonville Mechanical Contractors, Inc.

EMPLOYER,

AND

Bridgefield Casualty Insurance Company
c/o Summit

CARRIER,
DEFENDANTS/APPELLANTS,

Appellate Panel Review held in Columbia, South
Carolina, on September 18, 2018 per notices timely
And properly served upon all parties of interest.

Appellate Panel Decision and Order Filed:

November 30, 2018

APPEARANCES: Claimant/Appellant represented by Thomas W. Greene, Esquire, of
Greene Law Firm, of Johns Island, South Carolina

Defendants/Respondents represented by J. Brandon Hylton, Esquire, of
McAngus Goudelock and Courie, of Florence, South Carolina

STATEMENT OF THE CASE

The parties were heard by Single Commissioner Aisha Taylor at a hearing on November 30, 2017 in Hartsville, South Carolina. As a result of that hearing, the Single Commissioner issued an order filed May 22, 2017 from which the Claimant appealed.

Within the statutory period, the Claimant filed an Application for Review in this case setting their assignments of alleged error. Copies of the Application for Review were properly served upon all the parties.

In a Form 30, Request for Commission Review, the Claimant assert nine errors, as follows:

1. The Hearing Commissioner Erred in failing to find that Claimant injured his back, his right lower extremity, and his right foot and toes. The error being:

The substantial evidence in the recor establishes that in addition to his right leg the Claimant suffered injuries to his back and to his right foot and toes and tha Claimant's injury to his right leg has affected his right foot and toes which are scheduled members.

2. The Hearing Commissioner erred in failing to find that Claimant injured his back, his right lower extremity and his right food and toes. The error being:

Because the insurance adjuster, Kiema Lewis, refuse to approve diagnostic procedures and medical treatment ordered by authorized physicians any doubt that Claimant injured his back as well as his right leg, foot and toes should be resolved in favor of the Claimant.

3. The Hearing Commissioner erred in failing to designate neurosurgeon, William Naso, M.D., as Claimant's authorized treating physician. The error being:

The pattern of denial of any diagnostic procedures or treatment relating to Claimant's back and right leg by the insurance adjuster, Kiema Lewis, justified granting Claimant's request that Dr. Naso be designated as his authorized treating physician.

4. The Hearing Commissioner erred in failing to find that the workers' compensation insurance carrier upon designation of a physician as an "authorized treating physician" has a duty to approve medical recommendations made unless good cause shown for refusal. The error being:

A workers' compensation insurance carrier chooses and designates authorized treating physicians or physicians and, therefore, has a duty to act in good faith and with good cause before refusing treatment recommendations by such physicians

5. The Hearing Commissioner erred in failing to find that the insurance adjuster in this case, Kiema Lewis, acted without good cause in refusing to authorize diagnostic procedures and medical treatment recommended by authorized physicians and other physicians. The error being:

She denied, without good cause or excuse medical treatment and diagnostic procedures needed by the Claimant in order to affect a cure or give relief for his injuries without good cause and in bad faith.

6. The Hearing Commissioner erred in finding as a fact that Dr. Williams Naso's opinion concerning causation of Claimant's back injury was not consistent with a preponderance of the evidence. The error being:

Dr. Naso's opinion on causation of Claimant's back injury is fully supported by a preponderance of the evidence.

7. The Hearing Commissioner erred in finding as a fact that Dr. Naso's opinion with reference to Claimant's MRI was "relatively unremarkable." The error being:

Dr. Naso's opinion was that in addition, the MRI showed a mild disc protrusion to the right L5-S1 and that he recommended an L5-S1 epidural injection.

8. The Hearing Commissioner erred in finding that (Dr. Johnson's) Dr. Steve Poletti's IME, "was out of proportion with the preponderance of the medical evidence as a whole". The error of being:

Dr. Poletti's IME conclusions and opinion are consistent with a preponderance of the evidence which establishes the Claimant injured his back as well as his right leg, right foot and toes.

9. The Hearing Commissioner erred in not requiring the Defendants to pay for Claimant's MRI, Dr. Poletti's, and Dr. Naso's IME. The error being:

The costs were incurred by Claimant because the adjuster, Kiema Lewis, refused, without good cause or excuse, to authorize treatment to diagnose and treat Claimant's injuries.

Pursuant to the *South Carolina Code of Laws Annotated* Section 42-17-50, we, the Appellate Panel have reviewed the Single Commissioner's Decision and Order and weighed the evidence as presented at the initial hearing. We have also considered all issues raised in the Briefs of the Appellant and Respondents, as well as arguments held before this Appellate Panel on September 18, 2018.

After careful review, this Appellate Panel of the South Carolina Workers' Compensation Commission has determined that the Single Commissioner's Findings of Fact and Conclusions of

Law are correct. As a result, the Appellate Panel adopts and issues the following Findings of Fact, Conclusions of Law, and Order, from the ones issued by the Single Commissioner.

FINDINGS OF FACTS

1. Claimant sustained an admitted compensable injury to his right leg within the course and scope of his employment.
2. Claimant initially reported his injury as follows: "He had his right leg kind of wrapped around a pipe laying on his back, and when he went to pull up he felt something pop in the back of his right calf," (Claimant's APA, page 1).
3. On September 9, 2016, Dr. Daniel DeCamps provided a medical statement which stated: "I can state with a reasonable degree of medical certainty that the patient did suffer an injury to his right lower extremity and from his description of how it occurred that his current symptoms in that area were a result of his injury," (Claimant's APA, pages 5-6).
4. Claimant later began to complain of nerve pain that ran from his right leg into his back and back down into his right foot. At one point, Claimant complained of pain in both legs and both hands, including loss of grip strength (Claimant's APA, page 13).
5. Claimant received diagnostic evaluations including an EMG, which did not record accurate results due to technical limitations regarding Claimant's reaction to pain (Claimant's APA, page 15). Claimant also had an MRI of his lumbar spine, which showed some degenerative changes at L5-S1.
6. On March 1, 2017, Claimant underwent an Independent Medical Evaluation with Dr. Denton who diagnosed Claimant with a neurological injury "most likely to the peroneal nerve or at the tibial nerve peroneal nerve injection." Dr. Denton ruled out a separate knee injury and opined Claimant should retry the EMG and Claimant's future "workup

should be continued with either neurology or possibly neurosurgery for peripheral nerve injury," (Claimant's APA, page 23).

7. On August 9, 2017, Claimant returned to Dr. Denton and still had not yet seen a neurologist or neurosurgeon (Claimant's APA, page 24.)
8. On August 27, Claimant was referred to Dr. Naso for evaluation and treatment with a diagnosis of "peroneal nerve palsy with foot drop," (Claimant's APA, page 25).
9. Claimant saw Dr. Naso on October 14, 2017, who opined Claimant's lumbar MRI was "relatively unremarkable." Dr. Naso recommended a course of physical therapy and an L5/S1 ESI (Claimant's APA, page 51).
10. On November 14, 2017, Dr. Naso provided a medical statement that conditioned his medical opinion on facts that we find are not supported by a preponderance of the medical evidence. Specifically, Dr. Naso stated, "If it is true that the patient developed at the time of his injury or shortly thereafter pain that began in the low back radiating down the right leg into the foot..." (Claimant's APA, page 52-A). We find this hypothetical is not consistent with the preponderance of the medical evidence including Claimant's initial reporting of the injury.
11. We find the Claimant's right leg injury is limited to that of the peroneal nerve in the right leg. This finding is based upon the preponderance of the medical evidence including the deposition testimony of Dr. Denton which we found to be persuasive. We did review Dr. Johnson's IME report dated October 20, 2016 that also causally related Claimant's alleged back and right knee injury; however, we find it is out of proportion with the preponderance of the medical evidence as a whole and this, we did not give it great weight.

12. Claimant is not at maximum medical improvement for his right leg/peroneal nerve injury and is entitled to additional medical treatment at the direction of Defendants pursuant to S.C. Code Section 42-15-60.
13. We find Claimant failed to meet his burden of proving a separate or independent injury to his back or right knee as a result of this injury. This finding is supported by a preponderance of the evidence as a whole.
14. Claimant is entitled to temporary total or temporary partial disability benefits for all lost time from work due to his right leg/peroneal nerve injury as documented by the authorized treating physicians, if any.
15. No hearing costs are assessed.

CONCLUSIONS OF LAW

1. Section 42-1-160 of the South Carolina Code of Laws (1976, as amended) is applicable in defining "injury and personal injury."
2. Section 42-9-35 of the South Carolina Code of Laws (1976, as amended) is applicable in determining evidence of a preexisting condition.
3. Section 42-15-60 of the South Carolina Code of Law (1976, as amended) is applicable in determining the period of time within which medical treatment and supply shall be furnished.
4. Section 42-17-40 of the South Carolina Code of Laws (1976, as amended) is applicable in governing the conduct of Hearings and rendering of awards.

ORDER

IT IS ORDERED that the Claimant sustained an injury only to the peroneal nerve in his

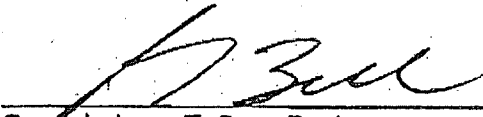
right lower extremity as a result of a compensable work related accident on May 3, 2016.

IT IS FURTHER ORDERED that Claimant failed to meet his burden of proof that he sustained a compensable injury to his back and right knee as a result of the work related accident of May 3, 2016.

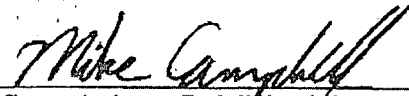
IT IS FURTHER ORDERED that Claimant is entitled to an evaluation of his peroneal nerve in his right leg to be conducted by a physician of the Defendant's choosing pursuant to Section 42-15-60 of the South Carolina Workers' Compensation Act.

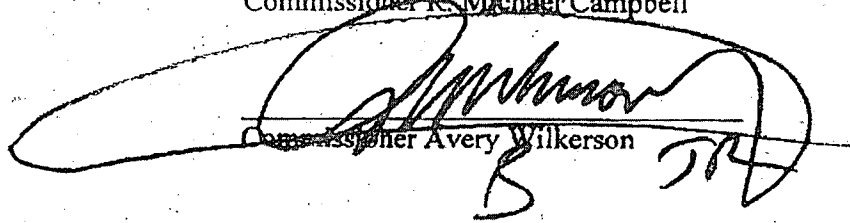
No hearing costs are assessed in this case.

AND IT IS SO ORDERED.


Commissioner T. Scott Beck
For the Appellate Panel

WE CONCUR:


Commissioner R. Michael Campbell


Commissioner Avery Wilkerson

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Eugenia Hollmon on November 30, 2018

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1607281

EMPLOYEE/CLAIMANT: CARROLL POWELL

EMPLOYER: JOHNSONVILLE MECHANICAL CONTRACTORS

CARRIER: BRIDGEFIELD CASUALTY INSURANCE COMPANY

7 COPY

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION
HEARING, THE WITHIN HEARING WAS TAKEN ON THE 30TH DAY
OF NOVEMBER, 2017, COMMENCING AT THE HOUR OF 2:03 P.M.,
IN HARTSVILLE, SOUTH CAROLINA, BEFORE THE HONORABLE
AISHA TAYLOR, ATTENDED BY COUNSEL AS FOLLOWS:

TIMMI A. PARRISH
VERBATIM REPORTER

ORIGINAL

TIMMI A. PARRISH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, SC 29376
864-921-8743

APPEARANCES

THOMAS W. GREENE, ESQUIRE, OF THE
GREENE LAW FIRM
POST OFFICE BOX 688
JOHNS ISLAND, SOUTH CAROLINA 29457

ATTORNEY FOR THE CLAIMANT,

J. BRANDON HYLTON, ESQUIRE, OF THE FIRM
McANGUS GOUDELOCK & COURIE, LLC
POST OFFICE BOX 7489
FLORENCE, SOUTH CAROLINA 29502

ATTORNEY FOR THE EMPLOYER/CARRIER.

ALSO ATTENDING: MS. LYNN POWELL

I N D E X

CARROLL POWELL:

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PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING
 WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY
 PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN HARTSVILLE,
 SOUTH CAROLINA.

* * * * *

BY COMMISSIONER TAYLOR:

TODAY IS THURSDAY, NOVEMBER 30TH, 2017. WE ARE
 HEARING WORKERS' COMPENSATION FILE NUMBER 1607281.
 THIS IS THE CLAIM OF MR. CARROLL POWELL, WHO IS
 PRESENT HERE TODAY AND REPRESENTED BY MR. THOMAS W.
 GREENE. THE EMPLOYER IS JOHNSONVILLE MECHANICAL
 CONTRACTORS, AND THE CARRIER IS BRIDGEFIELD CASUALTY
 INSURANCE COMPANY. BOTH THE EMPLOYER AND CARRIER
 ARE REPRESENTED TODAY BY MR. J. BRANDON HYLTON.

WE ARE SET HERE TODAY ON THE CLAIMANT'S FORM
 50, REQUEST FOR HEARING. I ALSO HAVE A MOTION FILED
 ON BEHALF OF THE CLAIMANT THAT IS PRESENTLY BEFORE
 ME.

PRIOR TO GOING ON THE RECORD WE DID HAVE A
 PREHEARING CONFERENCE. I WILL ALLOW THE PARTIES TO
 PUT POSITION STATEMENTS ON THE RECORD WITH RESPECT
 TO BOTH THE MOTION AND THE MERITS OF THE FORM 50
 CLAIM. PRIOR TO DOING THAT, ARE THERE ANY
 OBJECTIONS TO APAs, JURISDICTION, VENUE, OR ANY
 OTHER ITEMS? MR. GREENE?

1 BY MR. GREENE:

2 NO, MA'AM.

3 BY THE COMMISSIONER:

4 OKAY. MR. HYLTON?

5 BY MR. HYLTON:

6 NO, COMMISSIONER.

7 BY THE COMMISSIONER:

8 ALL RIGHT. THANK YOU. WITHOUT OBJECTION THE
9 COMMISSION FILE BECOMES A PART OF THE RECORD WITH
10 THE EXCEPTION OF SELF-SERVING DECLARATIONS AND
11 UNSTIPULATED MEDICAL REPORTS.

12 MR. GREENE, IF YOU WOULD PLEASE FIRST ADDRESS
13 THE MOTION.

14 BY MR. GREENE:

15 YES, MA'AM. MR. POWELL WAS INJURED ON MAY 3,
16 2016. HE INITIALLY INJURED HIS LEG, AND THEN HE
17 DEVELOPED PAINS AND DIFFICULTY IN HIS BACK AND
18 THIGH. WE HAVE TWO EXPERT WITNESSES, DR. POLETTI
19 AND DR. WILLIAM NASO, WHO IS A NEUROSURGEON, WHO
20 HAVE GIVEN CAUSAL-RELATION TESTIMONY TO -- WITH
21 REFERENCE TO HIS BACK BEING A PART OF THIS CLAIM.
22 ALSO, THE TWO DOCTORS THAT WERE DENIED, THE REFERRAL
23 AND THE MRI, QUESTIONED WHETHER OR NOT THE INJURY
24 INVOLVED HIS BACK. I HAVE INCLUDED IN THE APA
25 SUBMISSIONS A PRINTOUT FROM JOHNS HOPKINS UNIVERSITY

1 MEDICAL SCHOOL THAT DISCUSSES THE PERONEAL NERVE AND
2 DESCRIBES HOW IT ENERVATES FROM THE KNEE DOWN. YOU
3 WILL HEAR TESTIMONY CONCERNING MY CLIENT'S PROBLEMS
4 THAT INVOLVE A LOT MORE THAN THAT. SO WE ARE ASKING
5 FOR YOU -- SINCE YOU -- AS YOU INTERPRET THAT MOTION
6 -- IT'S NOT IMPORTANT TO ME ANYWAY. I'LL WITHDRAW
7 THAT.

8 BY THE COMMISSIONER:

9 OKAY.

10 BY MR. GREENE:

11 THAT'S WITHDRAWN. BUT WHAT I'M ASKING IS FOR
12 YOU TO APPOINT WILLIAM NASO, DR. WILLIAM NASO, THE
13 NEUROSURGEON, AS HIS AUTHORIZED TREATING PHYSICIAN.
14 IT IS A TRAGEDY; IN MY OPINION, THAT THIS MAN HAS
15 GONE 18 MONTHS AND EVERY ATTEMPT TO TRY TO DETERMINE
16 -- NOBODY'S FOR SURE EXACTLY THE EXTENT. TWO
17 EXPERTS SAY IT INVOLVES HIS BACK AND, I GUESS, THE
18 PERONEAL NERVE. THEY HAVE DR. EDWARDS, ALTHOUGH HE
19 DOESN'T EXPLAIN WHY HE DOESN'T THINK IT'S THE BACK.
20 BUT, ANYWAY, I'M ASKING THAT YOU APPOINT DR. NASO AS
21 HIS AUTHORIZED TREATING PHYSICIAN, WHO HAS SUGGESTED
22 -- HE HASN'T SUGGESTED SURGERY. HE SUGGESTS AN
23 EPIDURAL INJECTION AND PHYSICAL THERAPY. HOPEFULLY
24 -- I ASKED DR. DENTON IN HIS DEPOSITION IF HE HAS AN
25 IMPINGEMENT ON A NERVE WHAT WOULD THAT SAY ABOUT THE

1 EVENTUAL OUTCOME, AND HE SAID BASICALLY THAT IT
2 WOULD NOT BE AS GOOD AN OUTCOME AS ONE MIGHT EXPECT.
3 SO WE'RE 18 MONTHS INTO THIS AS IT IS, AND HE'S HAD
4 NO TREATMENT. SO I WOULD REQUEST THAT YOU DO THAT,
5 AND THAT'S OUR POSITION. THANK YOU.

6 BY THE COMMISSIONER:

7 OKAY. THANK YOU. MR. HYLTON.

8 BY MR. HYLTON:

9 THANK YOU, COMMISSIONER. AGAIN, THIS MATTER
10 INVOLVES A DENIED CLAIM TO THE BACK, AN ADMITTED
11 CLAIM TO THE LEG HERE. AGAIN, THE DEFENDANTS ASSERT
12 THAT THE CLAIMANT HAS NOT MET THE BURDEN OF PROOF
13 FOR CAUSATION WITH REGARD TO THE BACK. WE'D FIRST
14 POINT OUT THAT WE HAVE SENT THE CLAIMANT FOR AN
15 EVALUATION WITH HIS BACK WITH DR. EDWARDS. IN HIS
16 REPORT, WHICH IS AT DEFENDANTS' APA PAGE THREE, AND
17 I'M READING PAGE 11, DR. EDWARDS FIRST NOTES THAT
18 THE CLAIMANT DID HAVE SOME DEGENERATIVE CHANGES AT
19 L4-5 AND L5-1, WITH A BULGE AT L5-1. HOWEVER, HE
20 DOES DISCUSS AND EXPLAIN. HE SAYS, "THE SPINAL
21 CONDITION IS NOT RELEVANT. THERE IS NO IMPAIRMENT
22 ASSOCIATED WITH THE LUMBAR SPINE. THESE ARE
23 DEGENERATIVE CHANGES THAT WERE NOT CAUSED BY HIS
24 INDUSTRIAL ACCIDENT." SO, BASED ON THAT, THE BACK
25 CLAIM HAS REMAINED DENIED.

1 THE DEFENDANTS NEXT ASSERT THAT DR. POLETTI'S
2 SUPPORT DOES NOT MEET THE BURDEN OF 42-9-35 FOR AN
3 AGGRAVATION. IT NOTES THAT THE -- ON DEFENDANTS'
4 APA PAGE ONE, ON MAY 8TH, 2015, THE CLAIMANT NOTED
5 THAT HE HAD CHRONIC BACK PAIN. ON DEFENDANTS' APA
6 PAGE TWO, DATED AUGUST 14TH, 2015, NOTED THAT HE HAD
7 INJURED HIS BACK. ON DEFENDANTS' APA PAGE THREE,
8 APRIL 8TH, 2016, WHICH WAS ABOUT A MONTH PRIOR TO
9 THIS ACCIDENT, AGAIN NOTES CHRONIC PAIN SYNDROME.
10 IN HIS REPORT OF DR. POLETTI, I THINK IT'S IMPORTANT
11 TO ACTUALLY SEE WHAT DR. POLETTI SAID. HE SAID --
12 AND, AGAIN, USING TWO DIFFERENT STANDARDS HERE, HE
13 SAYS, "AGAIN, I WOULD CONSIDER THE L5-S1 TO BE
14 CAUSED BY THE WORK-RELATED ACCIDENT THIS YEAR AND
15 THE KNEE PROBLEMS TO HAVE BEEN AGGRAVATED." HE'S
16 NEVER STATED THAT THE BACK PROBLEM WAS AGGRAVATED BY
17 THE PRIOR CONDITION HERE, COMMISSIONER. SO, AGAIN,
18 42-9-35 REQUIRES AN OPINION TO A REASONABLE DEGREE
19 OF MEDICAL CERTAINTY OF AN AGGRAVATION TO THE PRIOR
20 CONDITION.

21 WE ALSO POINT OUT THAT DR. NASO'S REPORT, WHICH
22 I BELIEVE CLAIMANT'S ATTORNEY IS RELYING ON, IS A
23 LETTER, 52-A, DOES NOT SPECIFICALLY ADDRESS
24 CAUSATION OF THE WORK INJURY. IT IS NOT STATED TO A
25 REASONABLE DEGREE OF MEDICAL CERTAINTY, AND BEING

1 THAT IT IS A LETTER, REQUIRES IT BE STATED TO A
2 REASONABLE DEGREE OF MEDICAL CERTAINTY. BUT IN ANY
3 EVENT, I THINK THE REPORT ACTUALLY ENDS UP HELPING
4 US AND THE DEFENDANTS, BECAUSE HE SAYS, "IF THE
5 PATIENT DEVELOPED AT THE TIME OF HIS INJURY OR
6 SHORTLY THEREAFTER THE PAIN IN THE LOWER BACK
7 RADIATING DOWN THE RIGHT LEG INTO THE FOOT AND IT'S
8 TRUE THAT HE DID NOT HAVE THESE SYMPTOMS PREINJURY,
9 THAT IT WOULD BE MY OPINION THAT HIS WORK-RELATED
10 INJURY IS DIRECTLY RELATED TO THE SYMPTOMS." AGAIN,
11 HE DID HAVE SYMPTOMS OF BACK PAIN BEFORE THIS
12 ACCIDENT. SO DR. POLETTI -- IF YOU READ DR. NASO'S
13 REPORT, IN THE NEGATIVE THAT HE DOES, HE'S STATING
14 THAT IT'S NOT HIS OPINION THAT IT'S RELATED TO THE
15 WORK ACCIDENT BUT WOULD BE RELATED TO HIS PRIOR
16 INJURY THERE.

17 SO, AGAIN, THEY DON'T HAVE THE BASIS TO MEET
18 THE EVIDENTIARY REQUIREMENTS UNDER 42-9-35 TO
19 SUPPORT A BACK CLAIM. AND, AGAIN, THE MOST RELIABLE
20 EVIDENCE, WE BELIEVE, IS DR. EDWARDS' REPORT, WHO
21 SAYS THESE ARE DEGENERATIVE CHANGES, THESE ARE IN NO
22 WAY RELATED TO THE WORK ACCIDENT AT ALL.

23 WITH REGARD TO THE TREATMENT FOR DR. NASO, IT
24 DOESN'T APPEAR THAT HE'S TREATED THE PERONEAL NERVE.
25 THE CLAIMANT'S ATTORNEY ELECTED ON HIS OWN TO GO

1 TREAT WITH DR. NASO. WE HAD INFORMED HIM THAT WE
2 WERE DEPOSING DR. DENTON, THAT WE WANTED TO GET A
3 CLARIFICATION ON TREATMENT. WE GOT THAT
4 CLARIFICATION ON TREATMENT. WE HAVE REFERRED THE
5 CLAIMANT TO DR. BOYD IN COLUMBIA FOR AN EVALUATION
6 OF THE PERONEAL NERVE ONLY. AGAIN, WE ARE STILL
7 WAITING ON A DATE FROM THAT FROM THEIR OFFICE. THEY
8 ARE REVIEWING THE MEDICAL RECORDS RIGHT NOW TO SEE,
9 ONE, THEY ARE AND, TWO, IF THEY'LL DO IT. IF HE
10 DOESN'T, WE STILL RESERVE THE RIGHT TO SELECT THE
11 MEDICAL PROVIDER FOR THE PERONEAL NERVE. AGAIN, DR.
12 NASO, FROM MY VIEW, HAS BEEN LOOKING AT THE BACK,
13 NOT THE PERONEAL NERVE. SO THERE'S NO BASIS TO NAME
14 DR. NASO THE AUTHORIZED TREATING PHYSICIAN IN THIS
15 CASE. AND, AGAIN, THE ONLY AUTHORIZED TREATING
16 PHYSICIANS IN THIS CASE, ACCORDING TO THE ORDER,
17 WERE DENTON AND STICKLER. DENTON HAS NOTED THAT THE
18 REFERRAL IS FOR THE PERONEAL NERVE ONLY, NOT THE
19 BACK, IN HIS MEDICAL DEPOSITION. AND DR. STICKLER
20 HAS SAID HE CAN'T DETERMINE EITHER ONE, WHETHER THE
21 NERVE INJURY, WHAT IT'S COMING FROM. SO THERE'S NO
22 BASIS FOR AN OPINION BASED ON THAT. AGAIN, TRYING
23 TO GET EVIDENCE TO SUPPORT A BACK CLAIM IS NOT ON
24 THE DEFENDANTS. THAT'S ON THE CLAIMANT TO GO GET IT
25 TO MEET THEIR BURDEN OF PROOF HERE.

1 SO, FOR THOSE REASONS WE REQUEST THAT THEY BE
2 DENIED ON THE BACK CLAIM AND THAT DR. BOYD OR OTHER
3 PHYSICIAN OF THE DEFENDANTS' CHOOSING, A SPECIALIST,
4 NEUROSURGEON SPECIALIST, BE APPOINTED THE AUTHORIZED
5 TREATING PHYSICIAN FOR THE PERONEAL NERVE ONLY.

6 BY THE COMMISSIONER:

7 ALL RIGHT. THANK YOU, SIR.

8 BY MR. HYLTON:

9 THANK YOU.

10 BY THE COMMISSIONER:

11 MADAM COURT REPORTER, WILL YOU PLEASE SWEAR MR.
12 POWELL.

13 BY MR. GREENE:

14 MR. POWELL -- I'M SORRY; RAISE YOUR RIGHT HAND.
15 GO AHEAD.

16 * * * * *

17 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
18 WHOLE TRUTH AND NOTHING BUT THE TRUTH CONCERNING THE
19 MATTER HEREIN:

20 CARROLL POWELL,

21 BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS
22 FOLLOWS:

23 DIRECT EXAMINATION BY MR. GREENE:

24 Q. I BELIEVE YOU'RE 51 YEARS OLD; IS THAT CORRECT?

25 A. YES, SIR.

1 Q. AND YOU'RE MARRIED, AND YOUR WIFE, LYNN, IS HERE.
2 YOU HAD WORKED FOR JOHNSONVILLE MECHANICAL FOR HOW
3 MANY YEARS PRIOR TO WHEN YOU WERE INJURED?

4 A. TOTAL, I WOULD SAY, 15.

5 Q. KEEP YOUR VOICE UP, NOW, SO WE ---

6 A. FIFTEEN.

7 Q. OKAY. YOU WENT TO THE TENTH GRADE. YOU'RE A
8 PIPEFITTER AND WELDER BY TRADE; IS THAT CORRECT?

9 A. YES, SIR.

10 Q. OKAY. PRIOR TO THIS ACCIDENT OR INJURY, HAD YOU
11 EVER HAD A WORKERS' COMPENSATION CLAIM OR AN
12 AUTOMOBILE ACCIDENT?

13 A. NO, SIR.

14 Q. OKAY. I WANT TO TALK TO YOU JUST A MINUTE ABOUT
15 BEFORE THIS HAPPENED TO YOU. YOU'VE HEARD
16 REFERENCES IN THE MEDICAL RECORDS TO SOME BACK
17 COMPLAINTS. TELL ME WHAT THAT WAS -- TELL THE
18 COMMISSIONER WHAT THAT WAS RELATED TO, PLEASE.

19 A. I SPRAINED IT. I WENT TO THE DOCTOR, AND HE TOLD ME
20 I HAD PULLED A MUSCLE OR SOMETHING IN MY BACK.

21 BY MR. HYLTON:

22 OBJECTION AS TO HEARSAY.

23 BY THE COMMISSIONER:

24 SUSTAINED. AND THIS IS PRIOR TO THE WORK
25 INJURY, IS THAT RIGHT?

1 BY MR. GREENE:

2 PRIOR TO MEANS BEFORE.

3 BY THE WITNESS:

4 BEFORE?

5 BY MR. GREENE:

6 BEFORE, YEAH.

7 BY THE WITNESS:

8 YES, MA'AM.

9 DIRECT EXAMINATION RESUMED BY MR. GREENE:

10 Q. WHAT DID YOU DO TO SPRAIN YOUR BACK?

11 A. I -- IT'S HARD TO SAY. I DON'T REMEMBER.

12 Q. OKAY. BEFORE YOU WERE INJURED ON MAY THE 3RD -- BY
13 THE WAY, DID YOU SPRAIN YOUR BACK IN A WORK ACCIDENT
14 OR ANYTHING LIKE THAT?

15 A. NO.

16 Q. BEFORE MAY THE 3RD, WERE YOU HAVING ANY DIFFICULTY
17 WITH YOUR LOW BACK, YOUR RIGHT LEG, OR YOUR THIGH
18 PRIOR TO THIS ACCIDENT THAT HAPPENED ON MAY THE 3RD?

19 A. NO, SIR.

20 Q. OKAY. TELL THE COMMISSIONER BRIEFLY WHAT HAPPENED
21 AND HOW YOU GOT INJURED.

22 A. I WAS IN A HIGH LINER.

23 BY THE WITNESS:

24 Y'ALL KNOW WHAT I'M TALKING ABOUT, RIGHT?

25 BY THE COMMISSIONER:

1 YES, SIR.

2 WITNESS RESUMES:

3 A. I SAT ON A PIECE OF PIPE. WE WAS FITTING TUBE STEEL
4 IN A CEILING, AND I LOCKED MY LEGS UNDER ANOTHER
5 PIECE OF PIPE. I LEANED BACK LIKE THIS TO HOLD THE
6 PIPE FOR THE WELDER TO TACK IT ON, AND WHEN I WENT
7 TO PULL UP, I HAD A REAL, REAL SHARP PAIN IN MY LEG,
8 AND I FIRST THOUGHT I'D JUST PULLED A MUSCLE. IT
9 GOT WORSE AND WORSE.

10 DIRECT EXAMINATION RESUMED BY MR. GREENE:

11 Q. ALL RIGHT. WHEN DID YOU FIRST NOTICE THAT YOU WERE
12 HAVING BACK PAINS IN ADDITION TO YOUR LEG PAIN?

13 A. PROBABLY TWO OR THREE DAYS LATER. IT GRADUALLY WENT
14 UP MY LEG INTO MY BACK.

15 Q. ALL RIGHT. LET ME ASK YOU THIS QUESTION. THE FIRST
16 TIME YOU SAW DR. DECAMPS -- HE'S YOUR FAMILY DOCTOR
17 AND THE ONE THAT THE EMPLOYER SENT YOU TO, CORRECT?

18 A. YES, SIR.

19 Q. ALL RIGHT. I'M SORRY; HANG ON JUST A MINUTE. I'M
20 READING FROM HIS RECORD ON MAY THE 27TH. IT SAYS,
21 "HE SUBSEQUENTLY FELT PAIN IN HIS LEG, BOTH IN HIS
22 CALF AND HIS POSTERIOR THIGH, SOME NUMBNESS DOWN
23 INTO HIS FOOT." IS THAT WHAT YOU TOLD THE DOCTOR?
24 IS THAT TRUE?

25 A. YES, SIR.

1 Q. HOW MANY DAYS AFTER WHEN YOU WERE HURT DID YOU FIRST
2 START HAVING PROBLEMS WITH YOUR BACK AND YOUR THIGH?

3 A. PROBABLY THREE OR FOUR DAYS. LIKE I SAY, IT HURT IN
4 HERE, AND THEN IT GRADUALLY WENT UP IN MY LEG INTO
5 MY BACK, AND MY THREE TOES STAY ASLEEP ALL THE TIME.

6 Q. YOUR THREE TOES STAY ASLEEP ALL THE TIME?

7 A. EVER SINCE THE ACCIDENT HAPPENED.

8 Q. OKAY. HAVE YOU GOTTEN ANY BETTER SINCE THE ACCIDENT
9 HAPPENED IN THE LAST 18 MONTHS?

10 A. IT'S HARD TO SAY. I MEAN, IT HURTS 24/7. IT HURTS
11 ME ALL THE TIME. I RETURNED TO WORK, BUT IT STILL
12 HURTS. I'M ON LIGHT DUTY.

13 Q. OKAY. HAVE YOU BEEN ABLE TO PERFORM YOUR REGULAR
14 JOB AS A PIPEFITTER AND WELDER SINCE THIS HAPPENED?

15 A. NO, SIR.

16 Q. HOW HAVE YOU BEEN ABLE TO RETURN TO WORK?

17 A. SIR?

18 Q. HOW HAVE YOU BEEN ABLE TO RETURN TO WORK?

19 A. THEY SENT ME ON LIGHT DUTY.

20 Q. WHAT DOES THAT MEAN, IN YOUR CONTEXT?

21 A. WELL, I CAN DO WHAT I CAN DO. THE MAN TELLS ME IF I
22 DON'T FEEL LIKE I CAN DO IT, DON'T DO IT.

23 Q. WHO'S THE MAN?

24 A. MY BOSS, WILLIAM.

25 Q. AND HE WORKS WITH YOU LIKE THAT?

1 A. YES, SIR.

2 Q. COULD YOU DO YOUR REGULAR JOB IF YOU DIDN'T HAVE
3 THAT KIND OF ACCOMMODATION?

4 A. NO, SIR.

5 Q. ALL RIGHT. I'LL ASK YOU, AFTER -- WHEN YOU FIRST
6 STARTED SEEING DR. STICKLER, HE SENT YOU FOR AN MRI;
7 IS THAT CORRECT?

8 A. YES, SIR.

9 Q. DID THE -- THE INSURANCE COMPANY DIDN'T APPROVE
10 THAT, DID THEY?

11 A. NO, SIR.

12 Q. DID YOU GO IN DEBT TO GET THE MRI?

13 A. YES, SIR.

14 Q. DO YOU STILL OWE THAT? I THINK WE SAID 2,000 AND
15 SOMETHING DOLLARS?

16 A. YES, SIR.

17 Q. DO YOU STILL OWE THAT?

18 A. YES, SIR.

19 Q. THEN WE SENT YOU TO DR. POLETTI. HE SAW YOU?

20 A. YES, SIR.

21 Q. DID HE RECOMMEND ANY KIND OF TREATMENT?

22 BY MR. HYLTON:

23 OBJECTION; CALLS FOR HEARSAY.

24 BY MR. GREENE:

25 I'M NOT ASKING WHAT HE SAID. I ASKED HIM DID

1 HE RECOMMEND TREATMENT. THAT'S ALL RIGHT.

2 BY THE COMMISSIONER:

3 REPHRASE.

4 DIRECT EXAMINATION RESUMED BY MR. GREENE:

5 Q. DID -- ASSUMING HE OFFERED OR SUGGESTED THAT YOU GET
6 EPIDURAL INJECTIONS, WERE YOU EVER ABLE -- WERE YOU
7 EVER PROVIDED WITH AN EPIDURAL INJECTION?

8 A. NO, SIR.

9 Q. OR ANY KIND OF -- HAVE YOU HAD ANY TYPE OF TREATMENT
10 IN THE LAST 18 MONTHS?

11 A. NO, SIR.

12 Q. WAIT A MINUTE; LET ME FINISH. EPIDURAL, PHYSICAL
13 THERAPY, ANYTHING; HAVE YOU HAD ANY KIND OF
14 TREATMENT IN THE LAST 18 MONTHS?

15 A. NO, SIR.

16 Q. YOU HAVE -- YOU SAW DR. DENTON, AND YOU HEARD ME
17 TALK ABOUT HIM. HE REFERRED YOU THREE TIMES TO DR.
18 NASO, AND THE ADJUSTER WOULDN'T APPROVE THAT, RIGHT?

19 A. NO, SIR.

20 BY MR. HYLTON:

21 OBJECTION.

22 DIRECT EXAMINATION RESUMED BY MR. GREENE:

23 Q. AND YOU SAW DR. NASO. HE RECOMMENDED YOU GET
24 PHYSICAL THERAPY AND EPIDURAL INJECTIONS. HAS THAT
25 BEEN APPROVED, OR HAS THAT HAPPENED?

1 A. NO, SIR.

2 Q. OKAY. HAS ANYBODY EXPLAINED TO YOU, OTHER THAN TO
3 SAY THEY DENY YOUR BACK, ANY REASON -- REASONABLE
4 BASIS FOR NOT REFERRING YOU TO THESE OTHER DOCTORS?

5 A. NO, SIR.

6 BY MR. HYLTON:

7 OBJECTION, YOUR HONOR.

8 BY THE COMMISSIONER:

9 THAT'S SUSTAINED. THAT CALLS FOR ---

10 BY MR. GREENE:

11 THAT'S OKAY.

12 DIRECT EXAMINATION RESUMED BY MR. GREENE:

13 Q. DO YOU -- YOU HEARD ME ASK THE COMMISSIONER TO
14 APPOINT DR. NASO. DID YOU LIKE DR. NASO?

15 A. YES, SIR.

16 Q. HE'S A NEUROSURGEON IN FLORENCE; YOU'VE SEEN HIM?

17 A. YES, SIR.

18 Q. WOULD YOU LIKE FOR HIM TO BE YOUR AUTHORIZED
19 TREATING PHYSICIAN?

20 A. YES, SIR.

21 Q. AND WOULD YOU LIKE FOR THE ADJUSTER TO QUIT
22 INTERFERING IN YOUR TREATMENT?

23 BY MR. HYLTON:

24 OBJECTION.

25 WITNESS ANSWERS:

1 A. YES, SIR.

2 BY THE COMMISSIONER:

3 OVERRULED. THAT'S FINE.

4 BY MR. GREENE:

5 ALL RIGHT. THANK YOU, MA'AM.

6 BY THE COMMISSIONER:

7 ALL RIGHT. THANK YOU. MR. HYLTON.

8 CROSS EXAMINATION BY MR. HYLTON:

9 Q. MR. POWELL, WITH REGARD TO YOUR BACK, YOU'VE HAD
10 PAIN IN YOUR BACK GOING BACK AT LEAST TO MAY 8TH,
11 2015, CORRECT?

12 A. YEAH.

13 Q. AND, AGAIN, YOUR PAIN WAS NOTED TO BE A CHRONIC-TYPE
14 SITUATION FOR YOUR BACK. I MEAN, IT WAS
15 LONGSTANDING, CORRECT?

16 A. WELL, NO, NOT REALLY.

17 Q. OKAY. SO WHEN -- APRIL 18TH WHEN HE SAYS THAT YOU
18 PRESENT FOR YOUR CHRONIC PAIN SYNDROME, YOU DON'T
19 AGREE WITH THAT STATEMENT?

20 A. WITH WHAT?

21 Q. YOU WERE PRESENTING WITH DR. DECAMPS ON APRIL 8TH,
22 2016, FOR CHRONIC PAIN SYNDROME?

23 A. YEAH.

24 Q. DO YOU AGREE WITH THAT?

25 A. I GUESS.

1 Q. SO YOU HAD BACK PAIN THAT WAS FROM MAY 8TH, 2015,
2 THAT CONTINUED AT LEAST UP UNTIL APRIL 8TH OF 2016,
3 CORRECT?

4 A. OF AND ON.

5 Q. OKAY. AND, AGAIN, YOU NOTED IN YOUR DEPOSITION THAT
6 YOU HAD HAD BACK PAIN PRIOR TO THIS ACCIDENT, TOO,
7 CORRECT?

8 A. YES, SIR.

9 Q. THAT YOU HAD A PULLED MUSCLE IN YOUR BACK, CORRECT?

10 A. YEAH.

11 Q. OKAY. AND, AGAIN, CLAIMANT'S ATTORNEY ASKED YOU IF
12 YOU HAD ANY CAR ACCIDENTS IN THE PAST, BUT YOU SAID
13 NO. TECHNICALLY THAT'S TRUE, BUT YOU ALSO HAD A
14 FOUR-WHEELER ACCIDENT, DIDN'T YOU?

15 A. YES, SIR.

16 Q. AND THAT TORE UP YOUR RIGHT KNEE, DIDN'T IT?

17 A. NO.

18 Q. THAT'S NOT -- YOU HAD TO HAVE TREATMENT FOR YOUR
19 RIGHT KNEE?

20 A. YEAH.

21 Q. OKAY. AND, AGAIN, THIS ACCIDENT HAS BEEN ADMITTED,
22 THERE WAS AN AGGRAVATION TO THAT RIGHT KNEE,
23 CORRECT?

24 A. YES, SIR.

25 Q. AND WITH DR. NASO'S OFFICE, YOU SPECIFICALLY

1 REQUESTED A REFERRAL TO DR. NASO, DIDN'T YOU?

2 A. REPEAT THAT.

3 Q. YOU SPECIFICALLY REQUESTED A REFERRAL SPECIFICALLY
4 TO DR. NASO, DIDN'T YOU?

5 A. NO. DR. DENTON REFERRED ME TO HIM.

6 Q. YOU HAVE A FRIEND IN DR. NASO'S OFFICE, DON'T YOU?

7 A. WHO?

8 Q. DO YOU HAVE A FRIEND IN DR. NASO'S OFFICE?

9 A. NO. THAT'S THE FIRST TIME I EVER SEEN HIM.

10 Q. OKAY. YOU DON'T KNOW SOMEONE NAMED LYNN? I'M
11 REFERRING TO CLAIMANT'S APA PAGE 40, WHERE IT SAYS
12 FLORENCE NEUROSURGERY AND SPINE EVALUATION
13 TREATMENT. "CALLED HIS FRIEND, LYNN."

14 BY MS. POWELL:

15 THAT'S ME.

16 WITNESS ANSWERS:

17 A. THAT'S MY WIFE.

18 CROSS EXAMINATION RESUMED BY MR. HYLTON:

19 Q. OKAY. ALL RIGHT. WELL, THAT EXPLAINS THAT, THEN.
20 SOMETIMES YOU'VE GOT TO ASK THE QUESTION TO FIND OUT
21 THE ANSWER. AN EMG HAS BEEN AUTHORIZED FOR YOUR LEG
22 IN THE PAST WITH DR. STICKLER, CORRECT?

23 A. THAT'S THAT SHOCKING TREATMENT?

24 Q. THE NERVE CONDUCTION, EMG STUDIES.

25 A. YES, SIR.

1 Q. ALL RIGHT. AND, AGAIN, YOU ELECTED NOT TO GO
2 THROUGH WITH ADDITIONAL ONES OF THOSE; IS THAT
3 CORRECT?

4 A. YEAH.

5 BY MR. HYLTON:

6 THAT'S ALL THE QUESTIONS I HAVE.

7 BY THE COMMISSIONER:

8 OKAY. ALL RIGHT. MR. GREENE, ANY REDIRECT?

9 REDIRECT EXAMINATION BY MR. GREENE:

10 Q. WHEN YOU HAD THE PULLED MUSCLE IN YOUR BACK, DID YOU
11 HAVE THE NUMBNESS IN YOUR TOES?

12 A. NO, SIR.

13 Q. DID YOU HAVE THE PAIN IN YOUR LEG?

14 A. NO, SIR.

15 Q. WHERE WAS THE PAIN?

16 A. RIGHT UP IN HERE.

17 BY THE COMMISSIONER:

18 JUST LET THE RECORD REFLECT THE CLAIMANT IS
19 REFERRING TO THE -- ABOUT THE MIDDLE OF YOUR BACK,
20 SIR?

21 BY THE WITNESS:

22 YES, MA'AM.

23 BY THE COMMISSIONER:

24 MIDDLE OF THE LOWER BACK. YES, SIR.

25 BY MR. GREENE:

1 THANK YOU.

2 BY MR. HYLTON:

3 I JUST HAVE ONE FOLLOW-UP.

4 BY THE COMMISSIONER:

5 SURE.

6 RECROSS EXAMINATION BY MR. HYLTON:

7 Q. ON APRIL -- MAY 8TH, 2015, WHEN YOU WERE REPORTING
8 YOUR BACK PAIN, YOU NOTED YOU HAD PROBLEMS IN YOUR
9 BACK AND YOUR KNEES, WITH YOUR RIGHT WORSE THAN YOUR
10 LEFT; IS THAT CORRECT?

11 A. NO. MY LEFT KNEE.

12 BY MR. HYLTON:

13 WE WOULD REFER TO THE APA PAGE ONE OF THE
14 DEFENDANTS, COMMISSIONER.

15 BY MR. GREENE:

16 HOLD ON JUST A MINUTE. WHAT -- I DIDN'T CATCH
17 WHAT YOU WERE TALKING ABOUT.

18 BY MR. HYLTON:

19 APA PAGE ONE.

20 BY MR. GREENE:

21 WHICH -- IS THIS DR. ---

22 BY MR. HYLTON:

23 DECAMPS.

24 BY MR. GREENE:

25 DR. DECAMPS?

1 BY MR. HYLTON:

2 MAY 8TH, 2015, "SEVERE ARTHRITIS, DISCOMFORT
3 PRIMARILY IN HIS LOWER BACK AND IN HIS KNEES, RIGHT
4 WORSE THAN HIS LEFT." I WOULD JUST REFER THE
5 COMMISSIONER TO APA PAGE ONE.

6 BY THE COMMISSIONER:

7 OKAY. THANK YOU.

8 BY MR. HYLTON:

9 THANK YOU.

10 BY THE COMMISSIONER:

11 ALL RIGHT. MR. GREENE, ANYTHING FURTHER?

12 REDIRECT EXAMINATION BY MR. GREENE:

13 Q. IS THE RIGHT KNEE THE ONE THAT YOU HURT IN THE FOUR-
14 WHEELER ACCIDENT?

15 A. YEAH, IT COULD'VE BEEN. I DON'T REMEMBER.

16 Q. OKAY.

17 A. WELL, MY KNEE AIN'T BOTHERING ME. IT'S THE BACK OF
18 MY LEG. MY KNEE AIN'T GOT NOTHING TO DO WITH THIS
19 HERE.

20 BY THE COMMISSIONER:

21 ALL RIGHT. THANK YOU, SIR. JUST FOR THE
22 RECORD, ARE THERE ANY OTHER WITNESSES ON BEHALF OF
23 THE CLAIMANT? ANY OTHER WITNESSES?

24 BY MR. GREENE:

25 NO, MA'AM.

1 BY THE COMMISSIONER:

2 OKAY. THANK YOU. ANY WITNESSES FOR THE
3 DEFENDANTS?

4 BY MR. HYLTON:

5 NO.

6 BY THE COMMISSIONER:

7 I DO WANT TO READ THE APA SUBMISSIONS INTO THE
8 RECORD. FOR THE CLAIMANT I HAVE APA SUBMISSIONS
9 NUMBERS ONE THROUGH 12, WHICH ARE PAGES ONE THROUGH
10 74. FOR THE DEFENDANTS I HAVE APA NUMBERS ONE
11 THROUGH FOUR, WHICH ARE PAGES ONE THROUGH 13. IN
12 ADDITION, I ALSO HAVE THE DEPOSITION TRANSCRIPT OF
13 DR. PATRICK DENTON. I WILL RETURN THE APAs TO THE
14 ATTORNEYS TO BE UPLOADED TO THE COMMISSION'S ECASE
15 SYSTEM, BUT I WILL KEEP DR. DENTON'S ORIGINAL
16 DEPOSITION TRANSCRIPT.

17 THAT CONCLUDES THIS MATTER. THANK YOU.

18 (THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS
19 CONCLUDED AT THE HOUR OF 2:25 P.M.)

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1607281

EMPLOYEE/CLAIMANT: CARROLL POWELL

EMPLOYER: JOHNSONVILLE MECHANICAL CONTRACTORS

CARRIER: BRIDGEFIELD CASUALTY INSURANCE COMPANY

I, TIMMI A. PARRISH, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING 25 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING HEARING OF CARROLL POWELL, TAKEN ON THE 30TH DAY OF NOVEMBER, 2017.

THAT THE WITNESS WAS DULY PLACED UNDER OATH AND ADMONISHED TO SPEAK THE WHOLE TRUTH. THAT THE ORAL HEARING WAS DULY TAKEN AND TRANSCRIBED AS TO THE QUESTIONS PROPOUNDED AND THE ANSWERS GIVEN.

THAT ALL THE OFFERED EXHIBITS, STIPULATIONS AND OBJECTIONS, IF ANY, INVOLVED IN THIS CASE ARE DULY ATTACHED OR INCLUDED HEREIN.

IN WITNESS WHEREOF, I HAVE SET MY HAND AND OFFICIAL SEAL THIS 25TH DAY OF APRIL, 2018.

TIMMI A. PARRISH
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 11-20-2018

* THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

CAROL POWELL,) WCC File No.: 1607282
)
Employee/Claimant,)
)
-vs-) DEPOSITION OF:
)
JOHNSONVILLE MECHANICAL) PATRICK DENTON, MD
CONTRACTORS,)
)
Employer.)

Given before Molly C. Newton, Court
Reporter and Notary Public, on Wednesday, November 1st,
2017, at Pee Dee Orthopaedics Associates, 101 Johns
Street, Florence, South Carolina, commencing at 3:51
o'clock, p.m.

A P P E A R A N C E S

For the Claimant: Greene Law Firm
Thomas W. Greene, Esquire
1224 Segar Street
Johns Island, SC 29455

For the Defendant: McAngus Goudelock Courie
By: Brandon Hylton, Esquire
501 S. Irby Street
Florence, SC 29501



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(Patrick Denton, MD, being duly sworn,
testified as follows:)

DIRECT EXAMINATION BY MR. HYLTON:

(RECORD MARKED AS DEFENDANT'S EXHIBIT
NUMBER ONE FOR IDENTIFICATION.)

(DIAGRAM MARKED AS DEFENDANT'S EXHIBIT
NUMBER TWO FOR IDENTIFICATION.)

Q. Dr. Denton, my name is Brandon Hylton and I'm an attorney with McAngus, Goudelock, and Courie in Florence and I represent Johnsonville Mechanical and their carrier on a workers' compensation claim brought by Mr. James Carol Powell, who I believe you treated for a leg injury; Dr. Denton, I know you've taken depositions many times but please, if you don't understand the question I'm asking you just ask me to rephrase or repeat the question at any time, and also, I assume Plaintiff's Attorney will stipulate that Dr. Denton is an expert in the field of orthopaedic medicine specifically related to the lower extremity.

MR. GREENE: I understand his specialty is sports medicine and I guess that includes the lower extremities; I would imagine it does?

DR. DENTON: Yes. It does.

1 Q. Dr. Denton, how long have you been at Pee Dee
2 Orthopaedic Associates?

3 A. Uh, 16 years.

4 Q. And what is your specialty?

5 A. Knee and shoulder pathology.

6 Q. In this case, the claimant, Mr. Powell, was referred
7 to you and I believe your initial examination was on
8 March 1st, 2017; is that correct?

9 A. That's correct.

10 Q. And what history was provided to you at that time?

11 A. Said he injured his right lower extremity while at
12 work on May 3rd, 2016; said he was hanging sideways
13 using his legs against two pipes to support him
14 while he was holding another pipe to weld. Said he
15 felt something pop in the posterior lateral mean,
16 posterior thigh, knee, and lateral cap pain.

17 Q. Okay.

18 A. He also said his lateral two toes are numb.

19 Q. All right. And at that time what was your plan of
20 action with him?

21 A. Well, I saw him and we talked about what I thought
22 it was and I thought he had some kind of injury to
23 the perineal nerve which is one of the nerves in the
24 lower leg that splits behind the knee and goes
25 around to the front of the leg.

1 Q. And that - I guess that kind of drives on the
2 question that we've gotten marked as Defendant's
3 Exhibit Number Two, the perineal nerve, is that kind
4 of where that arrow is indicated on that; is that
5 what we're talking about on that?

6 A. Yes, sir.

7 Q. Okay. And again, on this one, Dr. Edwards has seen
8 him for the back; are you aware of that?

9 A. No. I was not.

10 Q. Okay. This is Defendant's Exhibit One if you need
11 to review that for a second.

12 MR. GREENE: Are you going to ask him to
13 comment on the expertise of his fellow doctor?

14 MR. HYLTON: No. I'm just letting him review
15 it.

16 MR. GREENE: We've already qualified him as
17 I'm objecting if you're going to ask him about the
18 back or about whether the back is related or not
19 because he already identified his expertise.

20 MR. HYLTON: All right. That's fine, Tom.

21 Q. Again, your referral to Florence Neurosurgery and
22 Spine is for the perineal nerve related to the leg;
23 is that correct?

24 A. That's correct.

25 Q. Was your referral in any way to Florence

1 Neurosurgery and Spine related to any back problem
2 that he had?

3 A. I knew he had an injury or that nerve was affected.
4 The location of the affliction could be
5 approximately up higher or down at the knee joint.
6 At that time I didn't know and I didn't know if he
7 had, um, um, excuse me, if he had any disk
8 herniation or anything up higher but the
9 neurosurgeons also deal with peripheral nerve
10 injuries and that's why I picked them to say, Look
11 at this and see what you think.

12 Q. Okay. So your referral wasn't in any way due any
13 disk bulges, stenosis, anything of that nature; it
14 was strictly with this perineal nerve; is that
15 correct?

16 A. That's correct.

17 Q. Okay. And as pointed out your specialty is leg so
18 you so you would defer to Dr. Edwards regarding any
19 causation or injury to the back; is that correct?

20 A. That's correct.

21 Q. All right. And at this time is there any injury
22 that you note orthopaedically to the knee itself or
23 to the leg?

24 A. Uh, it did not appear to have any internal knee
25 injury.

1 Q. Okay.

2 A. Most of his exam and complaints appear to be extra-
3 articular or either knee joint and involving the
4 nerve function and the muscular function associated
5 with that nerve.

6 Q. Okay. So from an orthopaedic standpoint does he
7 have any work restrictions regarding the knee?

8 A. Regarding the knee, no.

9 Q. Okay. And is there any additional medical treatment
10 that you're offering the Claimant other than an
11 evaluation for the perineal nerve?

12 A. Not at this time with regards to the knee.

13 Q. Okay. Any nerve blocks given would be blocking that
14 perineal nerve; is that correct?

15 A. Yes.

16 Q. Okay. And Dr. Denton, have all your answers today
17 been to a reasonable degree of medical certainty?

18 A. Yes.

19 Q. That's all the questions I have.

20 CROSS EXAMINATION BY MR. GREENE:

21 Q. Dr. Denton, uh, as I understood what you said a few
22 minutes ago, correct me if I'm wrong - Well, let me
23 start here, did you receive Dr. Nassau's report from
24 him seeing Mr. Powell?

25 A. I just noticed that I have a report. This is the

1 first time I've - October 11th, 2017, was that the

2

3 Q. Yes, sir.

4 A. Okay. Yes. Okay.

5 Q. Um, the perineal nerve is a branch off of the
6 sciatic nerve, correct?

7 A. Correct.

8 Q. And if I understood what you said a few minutes ago,
9 correct me if I'm wrong, you saw him specifically to
10 your specialty but I think you said, or if I mis-
11 understood you, that you weren't sure if it was that
12 level or at a higher level or both levels; is that
13 correct?

14 A. Correct.

15 Q. So, if he has degenerative disk disease, and I know
16 you haven't read that report, just had to glance
17 over it, but if he has degenerative disk disease and
18 Dr. Nassau is recommending epidural injections among
19 other things, that would indicate that Dr. Nassau
20 seems to think this has to do with his degenerative
21 back condition, that in addition to the perineal
22 nerve; would you say that's correct?

23 MR. HYLTON: Object to the form of the
24 question.

25 A. I think, you know - I don't know what Dr. Nassau's

1 true thoughts are, you know, I can only interpret,
2 but I think he's going to see if there is relief
3 with an epidural injection at whatever level up
4 there then that would say positive correlation to
5 say that the origin of his pain is more proximally
6 than down distally. If it does nothing then it
7 probably is a moot point then.

8 Q. So regardless of how counsel phrased the question,
9 you're not testifying to day that in your opinion it
10 definitely is not related to his low back but only
11 limited to the perineal nerve, correct?

12 A. Correct.

13 Q. Okay.

14 A. There is something going on with the perineal nerve
15 somewhere.

16 Q. Okay. Um, it's been - This man was injured on, um,
17 I had it here, oh, 5-9-16, okay; so if you count
18 from 5-9-16 to the present I think that's 17 months.

19 A. Yes.

20 Q. If he has an injury to the perineal nerve and or a
21 degenerative condition causing this injury, if the
22 patient, claimant, has not had any definitive
23 treatment, interventional treatment, to relieve
24 whatever is causing the impingement, what, in your
25 opinion, is the end result of that lack of attention

1 to that situation?

2 A. I think the, if there's a compressive pathology on
3 the nerve that is still compressing then it prolongs
4 the recovery and decreases the expected outcome; if
5 it's an intra neural injury where the nerve was
6 just, you know, from him hanging on the pipe
7 sideways and it just pressed the nerve in his lower
8 leg most of the time, if it was going to recover on
9 it's own it would have happened by now.

10 Q. So if you had been in charge of his care from the
11 beginning I gather you would have been much more
12 consistent or aggressive about identifying what his
13 problem is and doing something about it and not
14 letting it last 17 months without treatment; is that
15 correct?

16 A. Yes.

17 Q. Okay. Now, let me ask you this, in - I have 5-9-16
18 but anyway, I'm looking at where you gave your -

19 A. Yeah. May have been an intake form mistake or
20 something.

21 Q. You say in this last sentence here, I think this
22 work-up should be continued with either neurology or
23 possibly neuro-surgery or peripheral nerve injury.

24 A. Yes, sir.

25 Q. Who scheduled this MRI and paid for it, the

1 insurance company?

2 A. Which MRI?

3 Q. The MRI we're referring to - Not MRI, the IME we're
4 referring to.

5 A. Uh, I don't know.

6 Q. All right. You can assume

7 A. Bridgefield Casualty Insurance Group.

8 Q. All right. So that company would have gotten a copy
9 of this note; wouldn't you say?

10 A. Yes.

11 Q. Okay. Now, um, in looking at your notes on 7-3-17,
12 um, and two or three other times since you last saw
13 him you referred him to Dr. Nassau here in Florence,
14 did you not?

15 A. Yes.

16 Q. Okay. Did anyone from the adjuster or the company
17 she represents, ever inquire of you the reason for
18 your referral or the justification of your referral
19 even if they couldn't read your note?

20 MR. HYLTON: Objection. I think that's why
21 we're here today.

22 MR. GREENE: No, no, no. This is a discovery
23 deposition.

24 MR. HYLTON: Exactly. We're discovering

25 MR. GREENE: No. You object to my question?



1 MR. HYLTON: Yes.

2 MR. GREENE: What's your objection?

3 MR. HYLTON: I'm objecting. You're saying
4 there was no contact with doctor's office regarding
5 his opinion and that's what we're doing here today.

6 MR. GREENE: I'm talking about before today.

7 MR. HYLTON: Okay.

8 MR. GREENE: Not before today, right?

9 MR. HYLTON: That's fine.

10 MR. GREENE: All right.

11 Q. That's correct, isn't it, Doctor; not before today?

12 A. Correct.

13 Q. Okay. And as far as you know Mr. Powell still hasn't
14 had any of the treatment recommended by Dr. Nassau
15 or any of the treatment recommended or tests - in
16 fact, I think you referred him for a EMG and you've
17 never received a report where that was done, did
18 you?

19 A. That's correct.

20 Q. Okay. All right. I believe that's all the questions
21 I have. Thank you.

22 RE-EXAMINATION BY MR. HYLTON:

23 Q. Let's go back; how his injury occurred or as I
24 understand it is the claimant was sitting on a pipe
25 with his legs crossed or one over and one under; is

1 that correct?

2 A. I think he was kind of using the - My impression is
3 he had his legs across one pipe and using another to
4 stabilize while he leaned way back

5 Q. Right.

6 A. - to weld or do whatever he was doing.

7 Q. Right. And in that one, if the injury occurred to
8 the perineal nerve, would be in the leg; is that
9 correct?

10 A. If the - Somewhere in the leg. Correct.

11 Q. And we've established, I guess, through Dr. Edwards'
12 report, the claimant has a prior history of back
13 problems, correct, degenerative problems?

14 A. He said there were degenerative changes that were
15 not caused by this industrial accident.

16 Q. Okay. And again, so any injury that was caused by
17 this accident in the way, the mechanism that was
18 described to you by the claimant, would have to be
19 in the leg; is that correct?

20 A. More than likely.

21 Q. Okay. And the perineal nerve, where that gets into
22 the sciatic nerve, that occurs before it enters the
23 back; is that correct?

24 A. Correct.

25 Q. So if the injury is to the perineal nerve, it's



1 either going to be the leg or the highest would be
2 the hip; is that correct?

3 A. Correct.

4 Q. All right, Doctor, again, these answers have been to
5 a reasonable degree of medical certainty?

6 A. Yes.

7 Q. That's all the questions I have.

8 CROSS EXAMINATION BY MR. GREENE:

9 Q. If he was leaning back as you described with his
10 legs wrapped under the pipe, as he would have come
11 forward he would have had to have used his back
12 muscles to sit up, wouldn't he?

13 MR. HYLTON: Object to the form of the
14 question.

15 A. To sit up you'd use your abdominal

16 Q. Yeah. And a man his age, you would expect him to
17 have degenerative disk disease.

18 MR. HYLTON: Object to the form of the
19 question.

20 Q. Correct?

21 A. Most people do.

22 Q. Most people do, and it could be - degenerative disk
23 disease can be not symptomatic or symptomatic
24 depending on circumstances as they develop in a
25 person's life, correct?

1 MR. HYLTON: Same objection.

2 A. Correct.

3 Q. Okay. I'm satisfied to what you've testified to so
4 thank you very much.

5 MR. HYLTON: I have no follow up.

6 Q. Wait a minute, I have one more question; if the pain
7 he's complaining of is from his low back down in his
8 buttocks and down into his legs, would that not
9 indicate a nerve being involved above the level of
10 the perineal nerve?

11 MR. HYLTON: Object to the form of the
12 question.

13 A. I guess, yeah. It could.

14 Q. Okay. Thank you.

15 RE-EXAMINATION BY MR. HYLTON:

16 Q. Just to follow up regarding nerves in the back,
17 would you defer to either a neurologist or a back
18 specialist for those opinions?

19 A. Yes. Back specialist, neurosurgeon, and
20 neurologist.

21 MR. GREENE: You want to ask him about reading
22 and signing?

23 DR. DENTON: I'll waive.

24

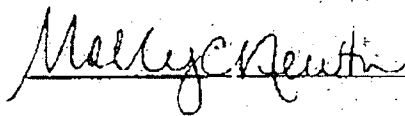
25 (Deposition concluded at 4:09 o'clock, p.m.)

1 STATE OF SOUTH CAROLINA)
2 : C-E-R-T-I-F-I-C-A-T-E
3 COUNTY OF BERKELEY)
4

5 I, Molly C. Newton, Court Reporter and Notary Public,
6 certify that I did have Patrick Denton, MD to appear
7 before me at 3:51 o'clock, p.m. at Pee Dee Orthopaedic
8 Associates, 101 Johns Street, Florence, South Carolina;
9 that the witness was sworn and cautioned to tell the
10 truth, the pages constitute a true and accurate
11 transcript of the testimony given at that time and
12 place.

13 I further certify that I am not of counsel or kin to any
14 of the parties to this cause of action, nor am I
15 interested in any manner in its outcome.

16 IN WITNESS WHEREOF, I have hereunto set my hand and
17 seal this the 11th day of November, 2017.

18
19
20
21 
22

23 Notary Public for South Carolina

24 My Commission Expires: March 4, 2019
25

COPY

In the Matter Of:

James Carroll Powell vs Johnsonville Mechanical

1501488

Willie Carroll Powell

~~JAMES~~ POWELL

January 06, 2017



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Willie

~~JAMES POWELL~~

~~James Carroll Powell vs Johnsonville Mechanical~~

January 06, 2017

1

1 ~~Willie~~ BEFORE THE SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

2 ~~James Carroll Powell,)~~
Employee,)
3 Plaintiff,) WCC File No. 1501488
versus)
4 Johnsonville Mechanical Contractors.)
Employer)
5 Defendant.)

6 WITNESS: James Powell

DATE: January 6, 2017

7 TIME: 11:00 A.M.

LOCATION: The Law Office of Holly Wall, Johnsonville, S. C.

8 TAKEN BY: Mr. Brandon Hylton

9 REPORTED BY: Andrea R. Kelly

10 APPEARANCES:

FOR THE PLAINTIFF:

11 Mr. Tomas Greene

Greene Law Firm

12 P. O. Box 688

13 Johns Island, S. C. 29457

FOR THE DEFENDANT:

14 Mr. Brandon Hylton

McAngus, Goudelock and Courie

15 501 South Irby Street

16 Florence, S. C. 29501

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1 INDEX OF EXAMINATION:

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1 This deposition is taken subject to the South Carolina Rules of Civil Procedure, and
2 any formalities not complied with in the taking of the deposition are hereby waived. Also,
3 the reading and signing of the deposition is waived by the deponent. All objections are
4 reserved until the time of the trial except at to the form of the questions.

5 JAMES CARROLL POWELL, HAVING BEEN DULY SWORN, TESTIFIED AS FOLLOWS:

6 DIRECT EXAMINATION BY MR. HYLTON:

7 Q Mr. Powell, my name is Brandon Hylton, and I'm an attorney with McAngus, Goudelock
8 and Courie out of Florence, South Carolina. I represent Johnsonville Mechanical
9 Contractors and their workers' compensation carrier on a workers' comp case you claim that you
10 have brought. Have you ever had your deposition taken before?

11 A No, sir.

12 Q A deposition is simply an opportunity for me to get information on you and on the
13 claim. I'm not here to harass you or anything else of that nature. I'm simply here to get
14 information. What I'm going to be doing today is asking you a series of questions and if at any
15 time you don't understand a question I'm asking you, I'm not clear, or I mumble, for any
16 reason don't answer the question. Please ask me to rephrase or repeat the question until you
17 do understand what I'm asking you because again the purpose today is to get the correct
18 information down. If you do answer a question I'm going to assume two things. One is that you
19 have understood the question that was asked, and two that you gave a correct answer. The
20 rest of the instructions are pretty simple and straight forward. If you're going to say
21 yes or no to a question, it is important that you actually say yes or no.

22 The court reporter can't take down nods of the head, and un-huhs and huh-uns are okay
23 in general conversation but they don't read well in the written transcript. More than
24 likely that will happen today, it usually does. I'll simply just stop and say can you please
25 say yes or no. Again not to harass you, I'm just trying to get the transcript to come out

1 clear as possible, okay.

2 Also, if you could wait until I finish my question before you start your answer, and I
3 won't ask another question before you finish your answer. That prevents us from talking
4 over each other and it makes Mrs. Kelly really mad at us. Finally this isn't an endurance
5 contest to see how long we can sit here today. My depositions are usually forty five minutes
6 to an hour long.

7 I think you have provided something that may actually shorted it up some. If at any
8 time you want to take a break let me know, and we will be happy to accommodate you. If you
9 are more comfortable standing during the deposition, again, we want you to be comfortable,
10 okay.

11 A Yes, sir.

12 Q Have you understood all the instructions given here today regarding the deposition?

13 A Yes, sir.

14 Q Are you under the influence of alcohol or drugs or any other substance that would
15 prevent you from understanding answering questions today?

16 A No, sir.

17 Q All right. Let's get started. Mr. Powell, what is your full name?

18 A Willie Carroll Powell.

19 Q Mr. Powell, how old are you?

20 A I'm five years old.

21 Q And what's your date of birth?

22

23 Q And your social security number?

24

25 Q And I have your present address as 735 Maxway Road, Johnsonville,

1 South Carolina 29555.

2 A Yes, sir.

3 Q And how long have you lived there?

4 A All my life.

5 Q Have you ever lived anywhere outside of Johnsonville?

6 A No, sir, I haven't. Well, let me rephrase that.

7 Q That's okay.

8 A When I was married to my first wife I lived in Shemminally

9 Q Okay.

10 A That's out of Pamplico.

11 Q But you have lived in this area of the Pee Dee of South Carolina
12 your entire life?

13 A Yes, sir.

14 Q Okay. Do you have a home telephone number?

15 A No, sir.

16 Q And a cell phone?

17 A Yes, sir.

18 Q What's that number?

19 A Oh, Lord, [REDACTED]

20 Q Do you have an E-mail address that you use regularly?

21 A No.

22 Q How tall are you?

23 A 5'11".

24 Q How much do you weigh?

25 A About a hundred and sixty give or take when I'm wet.

1 Q Yes, sir. Are you currently married?

2 A Yes, sir.

3 Q What's your wife's name?

4 A Lynn.

5 Q What does Lynn do for a living?

6 A She's a secretary at Carolina Sand.

7 Q Any other wives prior to Lynn?

8 A Huh?

9 Q Have you ever been married before your marriage to Lynn?

10 A Yes.

11 Q What was your ex-wife's name?

12 A Wanda Poston.

13 Q Any other spouses or other marriages besides Lynn and Wanda?

14 A Yes.

15 Q Okay.

16 A Michelle Goings, and that's it.

17 Q That's it, okay. Do you have any children?

18 A Yes, I do.

19 Q What are their names and ages?

20 A Creecie.

21 Q How do you spell her name?

22 A C-r-e- oh Lord, I can't tell you and Gaitland.

23 Q And Gaitland ?

24 A Gaitland.

25 Q How do you spell Gaitland.

1 A G-a-i-t-l-a-n-d.

2 Q Okay, how old is Creecie?

3 A Creecie is 23.

4 Q How old is Gaitland?

5 A Seventeen.

6 Q Do either Creecie or Gaitland still live with you?

7 A Gaitland does.

8 Q And I assume Gaitland is still dependent on you for support?

9 A Yes, sir.

10 Q And Creecie does she depend on you for support?

11 A She's in law school in college.

12 Q Tell her to change now.

13 A It's too late now.

14 Q Anybody else that lives with you or is dependent on you for support
15 other than Gaitland and your wife?

16 A No, sir.

17 Q Now, how far did you go in school. Did you graduate from high

18 A school?

19 A No, sir, I quite in the eleventh grade.

20 Q Did you complete the eleventh grade or was the tenth the last grade
21 you actually completed?

22 A The tenth was the last grade completed. I quit a month before
23 the eleventh grade.

24 Q Have you ever taken the GED?

25 A No, sir.

1 Q Any other educational training that you have had?

2 A No, sir.

3 Q Any other courses that you have taken and any type of skills that you
4 have had?

5 A No, sir.

6 Q What type of work skills to you have? Did you weld?

7 A I can weld and fit pipe. I have multi crafts.

8 Q So welding where did you receive training for that, just on the
9 job type training?

10 A Yes, I very seldom weld.

11 Q Do you have any certifications that you have earned?

12 A No, sir.

13 Q And you said pipe fitting.

14 A Yes, sir.

15 Q Is that training on the job as well?

16 A Yes, sir.

17 Q Any certifications you hold in pipe fitting?

18 A No, sir.

19 Q Okay, other than welding and pipe fitting any other job skills
20 that you have?

21 A I worked at Tupperware.

22 Q We will go through those jobs in a little bit but I'm just
23 talking about overall skills like welding. Do you use
24 heavy machinery operator?

25 A No, sir.

1 Q Any type auto mechanic?

2 A No, sir.

3 Q Any type of skills that you have?

4 A No, sir.

5 Q The pipe fitting and welding are the two jobs skills that you
6 possess?

7 A Yes, sir.

8 Q Have you ever served in the military?

9 A No, sir.

10 Q Are you able to read and write?

11 A Yes, sir.

12 Q Able to do basic math?

13 A Yes, sir.

14 Q And you have a South Carolina driver's license?

15 A Yes, sir.

16 Q Is that a commercial driver's license or a regular license?

17 A Just a regular driver's license.

18 Q Have you ever been arrested, convicted of pled guilty to any crimes or
19 offenses?

20 A No, sir.

21 Q To your knowledge are you currently under investigation for
22 any crimes or offenses?

23 A I don't understand that?

24 Q You don't think that the police are investigating you right
25 now for any crimes or offenses?

1 A No, sir.

2 Q You have given me a copy of your employment history. I
3 think we will enter this as Exhibit to the deposition.

4 LIST OF JOBS HELD BY THE DEPONENT, RECEIVED AND MARKED DEFENDANT'S EXHIBIT #1.

5 Q Just to go through it you worked in the eighties at Wellman,
6 correct?

7 A Yes, sir.

8 Q You said you worked the line, what did you do working the line?

9 A At Wellman?

10 Q Yes, sir.

11 A They just run stuff through and you chopped it up.

12 Q So you just basically operated a machine?

13 A Yes, sir.

14 Q You worked then at Tupperware it looks like from the early to mid
15 nineties, is that correct?

16 A Yes, sir.

17 Q What was your job there?

18 A I was a trouble shooter.

19 Q A control shooter?

20 A A trouble shooter.

21 Q Trouble shooter, I'm sorry. Tell me what your duties as a trouble
22 shooter were? What did you do?

23 A You just kept the molding machines running. If they backed up
24 you had to get stuff out of it and kept the gas off the molds. Just
25 kept the equipment going.



1 Q Was that like a maintenance type job?

2 A Yes, sir, that's what it was.

3 Q Okay, did you have to repair the machines and stuff of that
4 nature too?

5 A No, we just trouble shooted the molds to the vending machines.

6 Q Okay. You left that job you said for more money and you went
7 to Thompson, what is Thompson.

8 A It's a construction company out of Charlotte.

9 Q You worked there from 94 to 96 it looks like, and that is where
10 you did pipe fitting?

11 A Yes, sir.

12 Q And you trained there for pipe fitting?

13 A Yes, sir.

14 Q Did you do any other type of work other than pipe fitting work?

15 A No, sir.

16 Q Did you leave a crew?

17 A No, sir.

18 Q You left that for a better job, you said and went to Johnsonville
19 Mechanical the first time, from 1996 to 1998?

20 A Yes, sir.

21 Q Again working as a pipe fitter, and you left that job for
22 more money. You went to Tyler Construction

23 A Yes, sir.

24 Q Again from 1998 to 2001?

25 A Yes, sir.

1 Q And you were a pipe fitter there, is that correct?

2 A Yes, sir.

3 Q And did you lead a crew there?

4 A I was kind of like a lead man.

5 Q And what was your job as a lead man?

6 A Mostly getting everybody lined up to do the work and then I
7 went and started pipe fitting.

8 Q Okay, and then Tyler Construction ran out of work, and
9 you went back to Johnsonville Mechanical and have been there from
10 2001 to today, is that correct?

11 A Yes, sir.

12 Q And you still have been a pipe fitter the entire time?

13 A Yes, sir, but we do other stuff too now.

14 Q What do you do besides pipe fitting at Johnsonville Mechanical, your
15 specific job duties other than pipe fitting?

16 A You are liable to pull a shell, you've got to put in a fan in the ceiling.
17 They do all kinds of stuff there.

18 Q Okay.

19 A Most of the time I pipe fit, ninety five percent of the time
20 I'm pipe fitting.

21 Q You said you do some electrical work as well installing the
22 fans or no?

23 A I don't do the electrical. We just put them in the roof and seal
24 it off and let the electricians come and do the rest.

25 Q You let the electricians come and hook it up.

1 A Yes, we don't do that.

2 Q While you have been working with Johnsonville Mechanical
3 this last time did you have any side jobs. Do you anywhere else?

4 A No, sir.

5 Q And we were looking at your income on this one, and it looks
6 like you earn back then in 2015 approximately, not just
7 approximately we have an exact number, of \$22,770.54.

8 Does that sound correct to you?

9 A Yes, sir.

10 Q That would have been an average weekly wage of four hundred forty
11 six dollars and forty eight cents. Does that sound correct?

12 A No, not really.

13 Q Tell me what you think you were making around 2015?

14 A I was bringing home about five hundred and something a week.

15 Q Okay, how much do you think you made for the year. Do you think
16 that \$22,770.54 is correct for the year?

17 A It could be.

18 Q Now we'll get to that in a second. Let's go tell me about your
19 prior medical history and tell me about the prior problems
20 you've had with your back first. Have you had any prior
21 problems with your back this accident?

22 A I have pulled a muscle in it.

23 Q When did you pull a muscle in your back?

24 A In 2015 I think it was.

25 Q Okay, who did you treat with for that injury?

1 A Dr. DeCamps.

2 Q And did you see anybody else other than Dr. DeCamps?

3 A No, sir.

4 Q Did you ever see a chiropractor?

5 A No, sir.

6 Q Did you ever go to physical therapy for your back?

7 A No, sir.

8 Q What type of treatment did Dr. D eCamps provide for you
9 during that time?

10 A He gave me some Flexoril.

11 Q How long were you on the Flexoril for?

12 A Probably about a month or maybe two.

13 Q So the first time you ever sought treatment for your back before
14 this accident was 2015?

15 A Yes, sir.

16 Q And you never sought treatment before 2015 for your back?

17 A No, sir.

18 Q And where is your pain in your back in 2015, are you talking
19 about lower back, upper back or where?

20 A It was pretty much in my side right there.

21 Q And you are pointing to your right side of your lower
22 back?

23 A Yes, about in the middle.

24 Q Above your belt line?

25 A Yes, sir.

1 Q All right, how about your legs, any prior injuries you have
2 had to your legs?

3 A I hurt my knee when I wrecked the four wheeler.

4 Q Which knee?

5 A My right knee.

6 Q And when was that?

7 A I want to say 2014.

8 Q Okay, who all did you see for that injury?

9 A Dr. DeCamps.

10 Q Did he do any x-rays or diagnostic studies ?

11 A He sent me for an MRI on my knee but it came back good.

12 Q Where was that MRI done, do you remember was it at
13 a hospital?

14 A I think it was Lake City.

15 Any other treatment you have had other than with Dr.
16 DeCamps and the MRI at Lake City for your right knee?

17 A No, sir.

18 Q Any prior injuries you have had to your right knee other
19 Than the one in 2014 on the four wheeler?

20 A In 2001 I had surgery on it.

21 Q Who did the surgery?

22 A Oh Lord have mercy. I can't tell you that. I can't remember
23 that doctor.

24 Q Was it in Florence?

25 A Yes, sir.

1 Q Does the practice Pee Dee Orthopedics ring a bell to you?

2 A Who?

3 Q Pee Dee Orthopedics?

4 A Un-huh.

5 Q Dr. Pat Denton maybe?

6 A I honestly can't tell you.

7 Q But you believe it was at Pee Dee Orthopedics that a physician

8 May have done that surgery?

9 A Yes, sir.

10 Q Okay.

11 A I can't swear to it because it's been so long I don't remember.

12 Q Okay, what type of injury did you have to your right kneed

13 that required the surgery?

14 A Cartilage and then went in and did something. They took something

15 out or whatever they did, microscopic or whatever you call it.

16 Q Okay, did you see any other doctors besides thinking of Pee Dee

17 Orthopedic, did you see any other doctors besides Pee Dee?

18 A No, sir.

19 Q Any other injuries or surgeries you have had to your right

20 knee?

21 A No, sir.

22 Q Going back again to your 2015 injury to your back, did you

23 have any x-rays or MRI's of your back?

24 A No, sir.

25 Q Any other surgeries you have had to any other body parts

1 in the past before this accident?

2 A I had eye surgery, cataract surgery.

3 Q Any other surgeries?

4 A No, sir.

5 Q Prior to this claim, or at the time of this accident, were you on
6 any type of medication that you had been taking, any pain
7 medication?

8 A Before It happened?

9 Q Yes, sir.

10 Q Yes, sir.

11 Q What type of pain medication were you on?

12 A Norco 10, 325.

13 Q Who was prescribing that?

14 A Dr. DeCamps.

15 Q What was that for?

16 A My knee.

17 Q Your right knee?

18 A Yes, sir.

19 Q Were you taking this up until the time of the accident?

20 A Yes, sir. I still have to take it.

21 Q How long have you been on the you said Norco?

22 A Norco.

23 Q Norco, how long have you been on that medication
24 for?

25 A Two years, three years maybe.

1 Q Where do you get your medications filled? What pharmacy?

2 A Wall's.

3 Q Tell me what type of pain prior to this accident were you having
4 with you knee that required the medication? What problems
5 were you having with your right knee before this accident?

6 A It just hurt all the time.

7 Q So it was a constant pain, it wasn't something that would come
8 and go, it was constantly there?

9 A Yes.

10 Q I'm going to use the scale from 1-10 with one being virtually no pain,
11 it's okay, ten being someone chopped your leg off type pain,
12 and I'm talking about emergency room type pain. Where do you
13 place your pain level before this accident in your right knee?

14 A Before?

15 Q Before the accident.

16 A Probably about a six.

17 Q And would it stay at that level or would it fluctuate high or low.

18 A It fluctuated.

19 Q How high would it go on that scale before this accident?

20 A It would probably go about an eight.

21 Q And what would cause it go to an eight?

22 A We doing a lot of climbing and working and doing a lot of climbing
23 and stuff.

24 Q Okay, would it ever go below the six?

25 A When I would to sleep.

1 Q Okay.

2 A It hurts all the time.

3 Q Right, but at bedtime before this accident, bedtime was the only
4 time it would go below a six?

5 A Yes.

6 Q How about your back before this accident were you still having
7 back pain up until this accident?

8 A No, sir.

9 Q IS Dr. DeCamps your family doctor?

10 A Yes, sir.

11 Q Do you have any other doctors that you see on a regular basis other
12 than Dr. DeCamps?

13 A No, sir.

14 Q What all has Dr. DeCamps treated you for other than your
15 back and your right knee?

16 A He treated me for my foot one time when I dropped a motor on
17 it.

18 Q Was that your right or left?

19 A My right one.

20 Q How long ago was that?

21 A A couple of years ago.

22 Q Did you have to have surgery on your foot?

23 A No.

24 Q Did you breaking anything in your foot?

25 A No.



1 Q Fully recovered?

2 A Yes, sir.

3 Q Have you ever been in any automobile accidents?

4 A No, sir.

5 Q Have you ever been in the hospital for any reason other
6 than the surgery we discussed?

7 A No, sir.

8 Q Do you smoke?

9 A Yes, sir.

10 Q How many packs of cigarettes do you smoke a day?

11 A One.

12 Q Do you drink alcohol?

13 A Yes, sir.

14 Q How much do you drink a day?

15 A About three beers.

16 Q Okay, and do you use any recreational drugs, marijuana, cocaine?

17 A Oh, no, no.

18 Q Have you ever had a history of depression or anxiety?

19 A Yes, sir.

20 Q How long has that been?

21 A Since I got hurt. The doctor put me on antidepressant
22 medicine.

23 Q We'll get to that in a minute. Before this accident had you
24 ever been on any antidepressant medication?

25 A No, sir.

1 Q Before this accident had you ever sought counseling for
2 any reason?

3 A No, sir.

4 Q Tell me about your prior workers' compensation claims. Have you
5 ever filed a workers' compensation claim before this accident?

6 A No.

7 Q Have you ever been a party to lawsuit as a Plaintiff or Defendant, and
8 have you sued or been sued by anybody?

9 A No, sir.

10 Q Let's go back to the accident that we're here on today. Tell me
11 What happened?

12 A Do you know what a high line is?

13 Q I do not.

14 A I went on a high line, what that is it's rack and pipes run through
15 it and there's a stack here and a stack there and a stack here.

16 Me and the fellow that was with me, I sat on one pipe and
17 had my legs up hooked under another pipe. I had to lean back
18 like this here to fit a piece or tube steel and it was way up.
19 when he got it tacked off, I went to pull up something popped
20 in the back of my leg right above my ankle in here.

21 Q Okay. Are you saying that it was about the calf area of your
22 right leg?

23 A Yes, between my ankle and my calf up in there something
24 tore loose because it hurt too.

25 Q At the time of the accident did you have any pain any where

1 else other than your calf between your ankle and your calf of
2 your right leg?

3 A Say that again.

4 Q At the time of the accident did you have pain in any other
5 body parts other than the area between your calf and your right
6 ankle on your leg?

7 A Well, it got worse. At the time it moved right on up my leg,
8 and gradually moved and came right on up into I call it
9 my tailbone, my lower back.

10 Q Okay. Again, as of right now, I'm just concerned with the day
11 of the accident, immediately at the accident?

12 A My leg from my knee down.

13 Q It was from your knee down?

14 A Where all the pain was.

15 Q Okay any pain in your knee there?

16 A No.

17 Q It was all below your knee?

18 A Yes, sir.

19 Q When did the pain start traveling up your leg?

20 A Probably a couple of days after the accident.

21 Q And how high did it travel up your leg?

22 A Up to my lower back.

23 Q Okay, and when did it enter into your back? How many times
24 after the accident, for how long after the accident did it
25 take for it to get to your back?



1 A It was gradual pain, and it just gradually moved and I'd
2 say a couple of weeks.

3 Q Now, you went to Dr. DeCamps after the accident, is that correct?

4 A Yes, sir.

5 Q Who sent you to Dr. DeCamps?

6 A Greg, my boss man.

7 Q All right. Where was the first place you went for medical
8 treatment after the accident?

9 A Dr. DeCamps.

10 Q Okay, and what did you tell Dr. DeCamps on your first visit? What
11 problems did you tell him you were having?

12 A I told him the back of my leg and up my leg and into my lower back
13 was hurting.

14 Q Okay, did you tell him on that first visit you had pain in your
15 low back?

16 A No, sir.

17 Q Okay, was that something you withheld from the doctor or
18 you didn't have pain at that time?

19 A It was hurting but it wasn't hurting like the bottom of my leg
20 was. It got worse and worse and worse.

21 Q Okay what all did Dr. DeCamps do for you on that first visit?

22 A He gave me medication but I can't tell you what it was. I know
23 he gave me Percoset, Valium.

24 Q Okay, when was the first time you had discussions with Dr. DeCamps regarding your
25 back pain?

1 A I can't tell you that.

2 Q Okay, what all has Dr. DeCamps done for your back?

3 A He gave me medication for pain and sent me for an MRI.

4 Q Okay, and what is your understanding of what the MRI showed?

5 A I think I had a pinched nerve.

6 Q Did you also see Dr. Stickler?

7 A Yes, sir.

8 Q What did Dr. Stickler do for you?

9 A He like to have electrocuted me.

10 Q Did you tell him about any pain in your back?

11 A No, sir.

12 Q And why didn't you tell him about pain in your back?

13 A I don't know.

14 Q Were you having pain in your back at that time?

15 A It was hurting and the bottom of my leg was where all the
16 pain was hurting me at so bad at the time.

17 Q Were you having any problems other than your legs
18 at that time?

19 A Sir.

20 Q Did you tell him about any problems you had other than
21 your legs at that time?

22 A Well, my hand.

23 Q What problems were you having with your hand?

24 A When I got hurt, when I hurt my leg, and it came up my
25 back, I can't shut them two fingers right there. They are

1 numb right now, and I don't know if that's got anything
2 to do with it or what, but I know I can't shut them. See there.

3 Q Okay.

4 A I didn't have that problem before I got hurt.

5 Q You never had any prior problems with your hands before?

6 A No, sir.

7 Q And you have seen Dr. Paletti, is that correct?

8 A Yes, sir.

9 Q Who sent you to Dr. Paletti or how did you get down there?

10 Who told you to go see Dr. Paletti?

11 A Dr. DeCamps.

12 Q Okay. And what did Dr. Paletti do for you?

13 A He just showed me the MRI and all that, and told me that
14 he could give me a shot.

15 Q Have you had that shot?

16 A No, sir.

17 Q Do you have any returns appointments with Dr. Paletti?

18 A No, sir.

19 Q How long did you spend with Dr. Paletti in that one
20 visit?

21 A About thirty minutes.

22 Q Do you have any return appointments with any
23 doctors at this time?

24 A Yes, sir, Dr. DeCamps.

25 Q When is the last time you have seen Dr. DeCamps?

1 A My last visit I have to go every three months.

2 Q What did he do for you on the last visit?

3 A He just checked me out and I think I drew blood that time.

4 I think I drew blood, but don't hold me to that. I draw
5 blood once a year or twice a year.

6 Q Why do you draw blood twice a year. Is that just for a routine
7 physical?

8 A Yes.

9 Q Or do you have a condition?

10 A No, I just want to keep up with my health.

11 Q Okay. Are you on any pain medications at this time?

12 A Yes, sir.

13 Q What medications are you on?

14 A Norco 10 and Valium.

15 Q Tell me about the Norco 10 has your prescription changed since the
16 accident in anyway?

17 A No, sir.

18 Q It's still the same prescription?

19 A Yes, sir.

20 Q Still the same number of doses a day?

21 A Yes, sir.

22 Q How many times do you take it a day?

23 A It calls for three times a day but sometimes I don't take it
24 but twice.

25 Q Okay, and you are on valium, when did you start on valium?

1 A After the accident.

2 Q Are you still on it?

3 A Yes, sir, and he has me on Neuronton for the nerve damage to take
4 the burn and stinging out of it.

5 A Any other medication?

6 A I take cholesterol medicine and blood pressure medicine.

7 Q Anything else?

8 A And arthritis medicine.

9 Q Where do you have arthritis?

10 A In my knee.

11 Q Your right knee?

12 A Yes, that's where I think it is.

13 Q How long have you been on the arthritis medication?

14 A About six months or a year. It don't help.

15 Q Were you the arthritis medicine before this accident?

16 A No, sir.

17 Q That came after this accident?

18 A Yes, sir.

19 Q When is your next appointment with Dr. DeCamps?

20 A It was today but he cancelled and it's next Friday, the 13th.

21 Q Have y'all had any discussions about surgery on your knee or
22 your leg?

23 A No, sir.

24 Q Are you on restricted duty right now?

25 A Yes, sir.

1 Q What are your restrictions?

2 A No climbing ladders, no prolonged standing, sitting, and I can't
3 tell you what else.

4 Q Now, after this accident you were taken out of work for a
5 period of time, is that correct?

6 A Yes, sir.

7 Q You received some temporary benefits during that time, correct?

8 A Yes, sir, I think I got two checks.

9 Q And you were released to return to back to work?

10 A Yes, sir.

11 Q And was that around I believe July, is that correct?

12 A Yes, sir, that sounds right.

13 Q And you were the placed on light duty, is that correct, by the
14 Company?

15 A Yes, sir.

16 Q What was your light duty job?

17 A Fire watcher.

18 Q What does a fire watcher do, what are the duties
19 of that?

20 A You sit in a chair or stand up and watches the welders
21 weld and make sure no fire starts.

22 Q And do you have to stay even if they go on break, do you
23 have to stay there and watch?

24 A Yes, sir.

25 Q And where were y'all working at that time while you were doing

1 fire watch?

2 A Nan-Ya.

3 Q Is that a good place to work or a bad place to work?

4 A My opinion.

5 Q Yes, sir.

6 A I hate it.

7 Q Do most people out there hate working at Nan-Ya?

8 A A bunch of people do. We have to deal with them Taiwanese.

9 Q So were you able to do the fire watch job within your light

10 duty restrictions?

11 A Yes, sir.

12 Q And at some point you were suspended for light duty. Why

13 was that?

14 A They said they caught me asleep.

15 Q And how long were you suspended for?

16 A Ninety days.

17 Q Okay, and that ninety days is now expired, correct?

18 You're back on light duty at this time?

19 A Yes, sir, I'm working at the shop now.

20 Q Okay, and you are kind of earning the same wages that you were

21 before this accident?

22 A Yes.

23 Q So what are you doing around the shop now?

24 A I am fitting pipe and whatever needs to be done.

25 Q Are you still working on light duty restrictions?

1 A Yes, sir.

2 Q Are you able to do your job within those restrictions?

3 A Yes, sir, but I hurt real bad but I do it.

4 Q But you are complying with the restrictions, right. You're not
5 going outside of the restrictions from the doctor?

6 A No. The other fellows help me if anything is heavy, they
7 help me set it in the jack stand.

8 Q Have you had any discussions with Dr. DeCamps or Dr. Paletti
9 or anybody else to say how long your restrictions will be in
10 place until you can go back to work full duty?

11 A No, sir.

12 Q Do you think you could do full duty work right now?

13 A No, sir.

14 Q So tell me right now what bothers you that you relate back
15 to the accident and let's go through every body part that you
16 believe is injured or may be injured as a result of this accident?
17 First we know the right leg, correct?

18 A Yes, sir.

19 Q And you allege the back, correct?

20 A Yes, sir.

21 Q And that's the lower back?

22 A Yes, sir.

23 Q And anything else besides the right leg and the lower back?

24 A My three toes, you've got the big toe, the middle toe and then the other three toes,
25 they stay numb and asleep all the time.

1 Q That's on your right foot?"

2 A Yes, sir and this hand, my left hand. Like I say I don't know if that's
3 Got anything to do with it or not.

4 Q Anything else that you think is or may be related to this accident?

5 A No, sir.

6 Q So we've got the right leg, the back, the lower back, the three
7 smallest toes on your right foot and the left hand the index finger and the middle
8 finger?

9 A Yes, sir.

10 Q Okay, tell me about your right leg, what problems do you right
11 now have with your right leg?

12 A Like I said my toes, and the back of my leg right here and I can't
13 straighten my foot up. I have to walk club footed like an old
14 club footed horse or something.

15 Q Do you have constant pain in that right ankle area?

16 A Yes, sir.

17 Q Or does it come and go?

18 A It says there. The more I stay on it the worse it gets.

19 Q Using that pain scale of 1-10, where is your baseline
20 pain level on that scale?

21 A Right now?

22 Q Yes.

23 A Probably and eight.

24 Q Okay, does it ever go above an eight?

25 A Yes, sir.

1 Q How high does it go?

2 A Ten and it will almost make me cry.

3 Q Does it ever go below an eight?

4 A Yes, sir.

5 Q When does it go below an eight?

6 A When I take the valium or neurontin and stuff at night when I
7 go to bed.

8 Q What does the pain level drop to once you take your
9 medication?

10 A Probably about a five.

11 Q Tell me about your back. Do you think you have a separate injury
12 in your back or do you think that the pain is traveling up from your leg and radiating
13 into your back?

14 A I really can't answer that because it hurts me in my back and goes
15 down my leg.

16 Q Okay, so you think it goes from your back down into your leg?

17 A Yes, sir.

18 Q And you said that started about a couple of week after the
19 accident?

20 A Yes, two or three weeks but I honestly also think I hurt my back
21 to start with.

22 Q What's that.

23 A My back it hurts.

24 Q You said something before.

25 A When I pulled up and pulled that leg so bad I think I pulled

1 something in my back.

2 Q But you didn't have pain at the time of the accident?

3 A No, sir.

4 Q Tell me about the toes on your right foot. When did those start
5 giving the numbness there?

6 A Right after the accident.

7 Q And tell me do you have pain there or is it just numbness?

8 A No it's like it's asleep like I ain't got no feeling in them.

9 Q You never had that before?

10 A No, sir.

11 Q Does the medication help with that at all?

12 A It will take a little tingling and burning and neuronton helps it take the burning
13 out of it.

14 Q Tell me about our left hand, when did you start noticing you were having problems with
15 the fingers on your left hand?

16 A I'd say three weeks after the accident. My hand swole up right
17 after the accident but it got worse and worse and worse.

18 Q And you mentioned some depression and anxiety. Tell me
19 about that, what's going on with the depression and anxiety?

20 A Well, they suspended me for ninety days and I didn't draw a check for fourteen weeks,
21 and I just went all to pieces. I was scared I was going
22 To lose everything I had.

23 Q Okay. Now that you are back to work has that gotten any better?

24 A Well, yes it has helped a little bit.

25 Q Tell me what do you do outside of work for your hobbies and

1 stuff, do you hunt or do you fish or ride motorcycles or ATV's or anything like that.

2 A I fish.

3 Q Anything other than fishing?

4 A I hunt.

5 Q Anything else?

6 A That's about it.

7 Q Have you done fishing or hunting since the accident?

8 A I've been hunting.

9 Q What type of hunting, deer?

10 A Deer hunting.

11 Q Do you do dogs or do you do a stand?

12 A I had a dog.

13 Q Okay, and how many times this past season did you go hunting?

14 A Probably four or five. I didn't really hunt. I just rode in the truck
15 and listened at the dogs run.

16 Q What type of truck do you drive?

17 A Huh.

18 Q What type of truck do you drive?

19 A A 96 Z71 Chevrolet.

20 Q Any problems driving and running the dogs?

21 A I didn't drive. I rode with my buddy.

22 Q Any problems riding on those dog drives?

23 A No, sir.

24 Q You didn't shoot a gun during that time?

25 A No, sir.

- 1 Q Didn't go to any stands during that time?
- 2 A No, I can't climb no stand.
- 3 Q Did you have to lift any deer or anything of that nature?
- 4 A No, sir.
- 5 Q Did you have to lift the dogs into the back of the truck?
- 6 A No, sir.
- 7 Q Any other activities you do besides hunting and fishing?
- 8 A No, sir.
- 9 Q Any fishing since the accident?
- 10 A No, sir.
- 11 Q Tell me about your household chores, are you still able to do
- 12 most of those around the house such as sweeping, mopping
- 13 and laundry and stuff of that nature?
- 14 A I don't do that.
- 15 Q You didn't do that even before the accident?
- 16 A No, sir. I might wash clothes.
- 17 Q Are you still able to do that?
- 18 A I can wash clothes.
- 19 Q Okay. How about your yard work?
- 20 A I have somebody else do that.
- 21 Q Has that been the same since before this accident
- 22 A Yes, sir.
- 23 Q Are you still able to drive a car?
- 24 A Yes, sir.
- 25 Q Any problems driving that you have?

1 A No, sir.

2 Q What's the longest you have driven or ridden in a truck or car since
3 the accident?

4 A To Charleston.

5 Q Was that to see Dr. Paletti?

6 A Yes, sir.

7 Q Any problems making that trip to Charleston?

8 A My back was hurting when I got back.

9 Q Have you had any other accidents since the injury or illnesses since
10 your accident with Johnsonville Mechanical?

11 A No, sir.

12 Q Right now are you willing to continue working at Johnsonville
13 Mechanical or do you want to find other work. Are you looking
14 for other jobs?

15 A No, sir.

16 Q Okay, you are planning on staying there long term?

17 A Yes, sir.

18 Q Have you applied for any other type of benefits since this accident?

19 A No, sir.

20 Q Any short term disability?

21 A No, sir.

22 Q Or long term disability?

23 A No, sir.

24 Q Have you applied for social security disability?

25 A No, sir.

1 Q Have you applied for or are you receiving Medicare?

2 A No, sir.

3 Q Let me take you back to your being on fire watch. You said they suspended you for
4 ninety days because of sleeping in the job. How
5 did they determine you were sleeping on the job?

6 A I don't know. I wasn't asleep. I had my head down like this,
7 because I was in so much pain and on medication, and I had my head
8 like this, and I was not asleep. Then my foreman came and said
9 the plant manager or somebody said I was sleeping. It was one
10 of them Taiwanese but I was not asleep.

11 Q So one of the Nan-Ya guys said that?

12 A Yes, sir.

13 Q And who was that that told you that?

14 A That told me what.

15 Q You said a foreman?

16 A Oh, Terry Herrin.

17 Q Terry?

18 A Herrin.

19 Q Said that Nan-Ya reported to him?

20 A Yes, sir.

21 Q And was he the one that Terry reported back to Mr. Prosser?

22 A Yes, sir.

23 Q And did Mr. Prosser discuss it with you?

24 A He suspended me for ninety days.

25 Q Did you have any discussions with Mr. Prosser at that time

1. telling him you weren't asleep or anything of that nature?

2. A I told him I wasn't asleep.

3. Q Okay, what did he say?

4. A He said he had to suspend me for ninety days.

5. Q Okay. Any other discussions about your termination other than him
6. just saying he had to suspend you for ninety days.

7. A No, sir.

8. Q Nothing else was said in that meeting?

9. A No, sir.

10. Q Okay.

11. A Not no hard words or nothing like that. He just explained to me what was going on and
12. told me he had to suspend me for ninety days.

13. Q Okay. That's what I was trying to get at. Tell me what he explained
14. to you?

15. A He just told me they said they caught me asleep and he had to
16. suspend me for ninety days.

17. Q Is that because Nan-Ya wouldn't allow you back in the plant
18. at that point?

19. A I guess. That's what I was told. Don't let me tell you something
20. wrong.

21. Q This is just to the best of your knowledge, and if you don't
22. know, that's fine. I think that's all the questions I have. Please answer
23. anything your attorney may have.

24. CROSS EXAMINATION BY MR.

25. Q The medical records, Dr. DeCamps' medical records dated 5/27/16

1 to the best of your knowledge was that when you first saw
2 him after the accident with Johnsonville?

3 A Yes, sir.

4 Q I'm going to read you what the note says. When he went to
5 pull up he felt something pop in the back of his right calf. He
6 subsequently developed pain in his leg, both in his calf and his
7 posterior thigh and some numbness down into his foot. If
8 that's what the record shows would you say that's an
9 accurate statement of what you told the doctor?

10 A Yes, sir.

11 Q And Dr. Stickler shortly before you were suspended for ninety days
12 I will ask you looking at records of June 26, not that's your
13 birth date. Hold on. On 8/10/2016 shortly before you were
14 suspended did he refer you for a lumbar spine MRI?

15 A Yes, sir.

16 Q And did the company or their insurer ever provide that for you?

17 A No, sir.

18 Q How did you get the MRI?

19 A Myself.

20 Q With your health insurance?

21 A Yes, sir.

22 Q And what medications were you on when you went back to work
23 on light duty?

24 A Valium 10 and Percost 10.

25 Q And what's the guy's name that owns the business?

1 A William.

2 Q Prosser.

3 A William Prosser.

4 Q Did you tell him that when he told you he was going to put on
5 fire watch?

6 A Yes, I told him I had to take my medication.

7 Q And what did he say?

8 A That would be fine.

9 Q All right, and would you demonstrate for us once again how you were
10 sitting when you were accusing of sleeping?

11 A I was sitting like this here, Mr. Tom, with my head down just like
12 here because I was in so much pain.

13 Q See if this is describing what he just did. He put both elbows down on
14 his knees and put one hand on the left side of his face and one hand
15 on the right side of his face, and he is bending forward. Is that
16 accurate?

17 Mr. Hylton Yes, sir.

18 Q Thank you, that's all the questions I have.

19 Mr. Hylton I have no followup.

20 There being no further questions, this deposition was
21 concluded at 11:48 a.m.

22

23

24

25



Claimant's Name: Willie Carroll Powell Employer's Name: Johnsonville Mechanical Contractors, Inc.
Address: [REDACTED] Address: PO Box 97
City: Johnsonville State: SC Zip: 29555 City: Johnsonville State: SC Zip: 29555
Home Phone: () - Work Phone: () - Carrier: Bridgefield Casualty Ins. Co. c/o Summit
Preparer's Name: Thomas W. Greene Preparer's Phone #: (843) 556-7273

A claim for workers' compensation benefits is made based on the following grounds:

X Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$457.20 2. AWW: \$685.76 Date of Injury: 05/03/16
3. Type of injury and body part(s): Claimant injured his back and right leg/radiculopathy (numbness and tingling in foot and toes)
4. Facts in controversy: See attached
5. Legal issues involved: Additional medical care for back and leg. Designate Dr. William Naso as authorize treating physician.
Imposition of penalties for adjuster's denial of medical treatment to which Claimant is entitled under the Act. Reimbursement for MRI and appointment with Dr. Naso-both ordered by authorized treating physicians.
6. Unusual aspect Authorized physician order MRI for back. Claimant had to pay \$2212.91 & and to see Dr. Naso \$300.00
7. Witnesses (designate if expert):* Willie Carroll Powell; Lynn Miles
8. Exhibits: All APA Submissions attached, hereto.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
All APA Submissions attached, hereto.
10. Name, address, and specialty, if any, of the treating physician: Pee Dee Family Practice, Daniel E. DeCamps, M.D.; Pain Specialists of Charleston, David Stickler, M.D.; Lake City Community Hospital; Southeastern Spine Institute, Steven C. Poletti, M.D.; Pee Dee Orthopaedic Associates, Patrick K. Denton, M.D.; Florence Neurosurgery & Spine, William Naso, M.D.
11. Impairment rating(s); body part(s); physician and date of opinion: 10% whole person by Steven C. Poletti, M.D., on 10/20/16. "I do think that he has an impairment currently to be 10% to the whole person, potentially higher should this causalgia or persistent swelling and edema remain permanent as a consequence of this."
12. I am amending my Form 50/51 in the following manner: _____

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to J. Brandon Hylton, Esquire, McAngus Goudelock & Courie
Address PO Box 7489, Florence, SC 29502 on the 20th day of November 2017, by:

X first class postage ☐ certified mail ☐ personal service ☐ electronic service

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: [Signature] Email: tomgreene925@gmail.com
Date of hearing: November 30, 2017 Time needed for hearing: 1 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-180 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

Date of Service: 5/27/16 Time: 3:25

Patient Name: CARON POWELL

DOB: [REDACTED]

Weight: 151 lbs

Pain Scale: 8/10

Height: [REDACTED]

Fall Risk: Yes or No

Temp: 98.2

Provider: DeCamps

B/P: R [REDACTED] P: [REDACTED]

Clinical Staff: DM

L 142, 92 P: 82

ALLERGIES: NKA

cro: pulled muscle @ leg, @ leg pain

WILLIE POWELL

DOB: [REDACTED] 5-27-16

SUBJ: Mr. Powell presents today in referral from Johnsonville Mechanical with a history that on 5-9-16, he was working in a ceiling. He had his right leg kind of wrapped around a pipe laying on his back, and when he went to pull up he felt something pop in the back of his right calf. He subsequently developed pain in his leg, both in his calf and his posterior thigh, some numbness down into his foot. He has been treating with Norco, but it is just not getting any better.

PE: He has no significant erythema, edema. He does have some tenderness along the posterior calf extending up into the popliteal area.

IMPRESSION: Left lower extremity pain

27 PLAN: I explained to him I think he probably strained or popped one of his tendons in this area, and I am going to treat him with hot soaks, Duexis samples t.i.d., Diazepam 10 mg, #30, one at bedtime to prevent muscle spasm. Get him back in two weeks for follow-up, earlier if needed with additional plans depending upon results. See M. 8th evidence of a blood clot, etc, etc. (DANIEL E. DeCAMPS, M.D./ws)

LABEL ALL Rx's	MG or CC	No.	SIG	REFILL
<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>

TOTAL No. Rx's [REDACTED] DISPENSE AS WRITTEN M.D. SUBSTITUTION PERMITTED M.D. QUIK PRINT - (843) 774-4820

TOTAL No. Rx's [REDACTED] DISPENSE AS WRITTEN SUBSTITUTION PERMITTED QUIK PRINT - (843) 774-4820

WILLIE CARROLL POWELL

DOB:

6-8-16

SUBJ: Mr. Powell presents today for follow-up for pain in his RLE with a history that he is no better, and in fact, he is now having some discomfort up into his back and even down into his left leg.

PE: Primarily significant for pain in the right proximal calf area and some diffused tenderness going down his calf.

IMPRESSION: RLE pain

PLAN: I discussed with him in detail that I feel as though he still probably has a tendon rupture and has developed a compensatory pain in his left side from walking differently, compensating for his injury on the right side, and the fact he is not sleeping well at nighttime. He is having a lot of pain, does not feel capable of performing his regular duty job, and I am going to write him a note for light duty work with no climbing, stooping or prolonged walking until further notice. Wrote him some Percocet 10/325, #90, 1 t.i.d. prn severe pain with drowsiness precautions. Try and set him up to have a doppler ultrasound of his RLE, r/o DVT and an MRI of the proximal calf area to assess for tendon rupture with additional plans depending upon results.

(DANIEL E. DeCAMPS, M.D./ws)

DATE 6/8/16	TIME 8:10	WHO CALLED	PHONE 621-8255	URGENT	CALL BACK
PATIENT W. Carroll Powell	AGE	TEMP	PHYSICIAN	00	
ADDRESS W/Comp	Pharmacy Phone No.	Employer Telling Message	Tarawa		
MESSAGE POA-3-9-16	REPLY Seen 5-27-16				
Has Pain running from leg to back to other leg					
Has appt Friday - Wants to come in ^{pt} today - didn't sleep any last night					
Can you see him?					
MEDICATION/ALLERGY	HANDLED BY	CHART NO.			

Date of Service: 7-6-16 Time: 2:50

Patient Name: CARROLL POWELL

DOB:

Weight: 196 lbs.

Pain Scale: _____

Height: _____

Fall Risk: Yes or No

Temp: _____

Provider: De Camps

B/P: R _____ / _____ P: _____

Clinical Staff: Om

L 128 / 78 P: 71

ALLERGIES: NKA

C/O: WORKERS COMP FR

WILLIE CARROLL POWELL

DOB:

7-6-16

SUBJ: Mr. Powell presents today for follow-up status post injury of his FILE with a history he is no better. He continues to have pain and not resting well, difficulty ambulating. He is now starting to have some pain into his left hand in his joints with numbness in this area, also. 2/27/17

PE: Lungs are clear. Ausc of heart reveals a RRR. Abdominal exam is benign. He continues to have pain in the left posterior calf muscles, etc, etc. His MRI showed compartmental syndrome suggestive of either muscle damage or nerve damage, and we are awaiting a neurological evaluation on this.

PLAN: I did write him a note to continue light duty, which means he could work as a fire watch position, to take to his employer, again with additional plans depending upon results of his neurological evaluation. (DANIEL E. DeCAMPS, M.D./ws)

PEE DEE FAMILY PRACTICE

276 N. Ron McNair Blvd., Lake City, SC 29560, Phone (843) 394-5471 • 625 S. Georgetown Hwy., Johnsonville, SC 29555, Phone (843) 386-3106

David W. Moon, M.D. DEA NO. AM8838015 S.C. Lic. 9839
Daniel E. Decamps, M.D. DEA NO. AD1697234 S.C. Lic. 11414
Lisa Castles, P.A. DEA NO. MC2086785 S.C. Lic. 432FP
Courtney Stanley, P.A. DEA NO. MS2100155 S.C. Lic. 1297FP
Stephen W. Askins, M.D. DEA NO. BA8403286 S.C. Lic. 24916
M. Steve Fowler, Jr., M.D. DEA NO. AF0337546 S.C. Lic. 5015

Patient's Name: Carroll Powell

Address: _____

Date: 7/6/16

Label All Rx's	MG or CC	No.	SIG	REFILL
<u>gabapentin 300mg</u>		<u>30</u>	<u>qbid</u>	
<u>gabapentin 300mg</u>		<u>30</u>	<u>qbid</u>	
<u>gabapentin 300mg</u>		<u>30</u>	<u>qbid</u>	
<u>gabapentin 300mg</u>		<u>30</u>	<u>qbid</u>	
<u>gabapentin 300mg</u>		<u>30</u>	<u>qbid</u>	

TOTAL No. _____
Rx's _____
#080919

DISPENSE AS WRITTEN

M.D.

SUBSTITUTION PERMITTED

QUIK PRINT
(843) 774-4820

115



PEE DEE FAMILY PRACTICE, P.A.

DAVID W. MOON, MD
DANIEL E. DeCAMPS, MD
LISA CASTLES, P.A.

GOURTNEY STANLEY, P.A.
M. STEVE FOWLER, JR., MD

325 W. Mercy St.
Lake City, SC 29560
(843) 394-5471
Fax: (843) 394-5459

September 9, 2016

Thomas W. Greene
Attorney at Law
Greene Law Firm
P. O. Box 688
Johns Island, SC 29457

RE: Carroll Powell
Date of Injury: 5-3-16
Employer: Johnsonville Mechanical Contractors, Inc.
Workman's Comp #1607281

Dear Mr. Greene:

I am writing in response to your letter of September 6, 2016, in which you requested a statement to a reasonable degree of medical certainty as to whether Mr. Powell sustained a new injury to his right leg while carrying out his work duties in May 2016, resulting in the symptoms described in my office visits.

Please denote that I have not seen Mr. Powell regarding his accident in over two months (July 6, 2016), and I am unsure how he is currently doing. Secondly, his MRI scan suggests a compartmental process which could relate to myositis which is inflammation of the muscles or myopathy secondary to an intrinsic muscle disease or perhaps a nerve entrapment or neurological injury to the tibial nerve. On my last visit he was having neurological evaluation to help further delineate the cause and treatment for his condition. That is, his work-up is still in progress.

September 9, 2016

Page #2

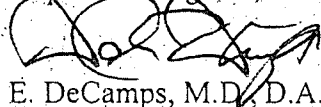
RE: Carroll Powell

However, I can state with a reasonable degree of medical certainty that the patient did suffer an injury to his right lower extremity and from his description of how it occurred that his current symptoms in that area were as a result of his injury.

Again, the patient is supposedly currently undergoing additional evaluation and more definitive answers will hopefully be forthcoming.

If you require any additional information, please do not hesitate to notify me of such.

With best personal regards, I remain



Daniel E. DeCamps, M.D., D.A.B.F.P., F.A.A.F.P.

DED:ws



Neurology
Specialists of Charleston
www.NeurologyCharleston.com

David Stickler MD
2695 Elms Plantation Blvd - Suite B
Charleston, SC 29405
Phone: 843-410-0524
Fax: (843) 818-1145
www.NeurologyCharleston.com

Patient Name: Willie Carroll Powell Date: _____

Patient Height: _____ Patient Weight: _____ Patient Age: 50 Patient Sex: M

Have you been told why you are here for an EMG test? ☐ NO ☒ YES - My diagnosis is: _____

Referring physician's name / contact information: Decamp 843-386-3106

Do you have any IMPLANTABLE DEVICES (i.e. defibrillator, neurostimulator) ☐ NO ☐ YES

☐ NECK Pain	☐ Right ARM pain	☐ Left ARM pain
☐ BACK Pain	☐ Right ARM weakness	☐ Left ARM weakness
☐ Bilateral HAND numbness	☐ Right ARM numbness	☐ Left ARM numbness
☐ Bilateral FOOT numbness	☒ Right HAND numbness	☒ Left HAND numbness
☐ Other: _____	☒ Right FOOT numbness/pain	☒ Left FOOT numbness/pain
	☒ Right LEG pain	☒ Left LEG pain
	☒ Right LEG weakness	☒ Left LEG weakness
	☐ Right LEG numbness	☒ Left LEG numbness

Check all that apply ☐ None apply

☐ Heart Attack	☐ Tuberculosis	☐ Mental Illness
☐ Heart Failure	☐ Osteoarthritis	☐ Alcoholism
☒ High Blood Pressure	☐ Rheumatoid Arthritis	☐ Thyroid Trouble
☐ Heart Arrhythmia	☐ Ankylosing Spondylitis	☐ Bleeding Disorders
☐ Diabetes	☐ Gout	☐ Anemia
☐ Stroke	☐ Osteoporosis	☐ HIV
☐ Seizures	☐ Kidney Stones	☐ Serious Injuries (explain below)
☐ Lung Disease	☐ Kidney Failure	☐ Broken bones (explain below)
☐ Asthma	☐ Stomach Ulcers	☐ Cancer (explain below)
☐ Blood Clot in Leg	☐ Liver Trouble	
☐ Blood Clot in Lung	☐ Hepatitis	

Medicine	Dose	Schedule	Medicine	Dose	Schedule
<u>Valium</u>	<u>10mg</u>	<u>1 @ Night</u>	<u>Blood pressure med</u>		<u>1 day</u>
<u>Prozac</u>	<u>10/325</u>	<u>3 a day</u>	<u>Colistidine med</u>		<u>1 day</u>
<u>Perone</u>	<u>10/325</u>	<u>1 @ Night</u>			

other
pain
medication

Patient Name: Carroll Powell		
Patient Date of Birth: [REDACTED]	Patient Height: 5-9	Patient Weight: 160
I am: ☐ Right-handed ☐ Left-handed ☐ Ambidextrous		
Occupation: Pipe Fitter		Date, if retired:
Education: ☐ High School ☐ College ☐ Professional		
Please list all of your allergies: None		

LIST ALL OF YOUR MEDICATIONS & DOSAGES:	
~~Percocet~~ Percocet 10/325 Lor cet 10/325 Valium 10mg Colostril medication Blood pressure	

Are you taking any of the following blood thinners?	
☐ ASPIRIN ☐ PLAVIX (CLOPIDOGREL) ☐ COUMADIN (WARFARIN) ☐ PLETAL (CLOSTAZOL)	☐ TRENTAL ☐ AGGRENOX ☐ PRADAXA (DABIGATRAN ETEXILATE) ☐ XARELTO (RIVARONXABAN)

Are you taking any over the counter (OTC) medications not listed above?

8

PAST MEDICAL HISTORY

Please check boxes if you have had or currently have any of these problems:

- | | |
|--|---|
| ☐ Angina | ☒ High blood pressure |
| ☐ Asthma | ☒ High cholesterol |
| ☐ Blindness, part or full | ☐ Irregular heart beats |
| ☐ Cancer | ☐ Nervous breakdown |
| ☐ Depression | ☐ Numbness |
| ☐ Diabetes | ☐ Polio |
| ☐ Dizziness | ☐ Psychiatric conditions |
| ☐ Double vision | ☐ Sciatica |
| ☐ Fainting | ☐ Seizures (epilepsy) |
| ☐ Head trauma | ☐ Speech problems |
| ☐ Headache | ☐ Stroke |
| ☐ Hearing problem | ☐ Swallowing problems |
| ☐ Heart attack | ☐ Ulcers |
| ☐ Heart failure | ☐ Venereal infections |
| ☐ Hepatitis | ☐ Vertigo |
| ☐ Herniated disc | ☐ Walking problems |
| ☐ OTHER: _____ | |

SURGERIES, HOSPITALIZATIONS and/or ILLNESS

Please list all past surgical procedures, hospitalizations, significant illnesses or injuries

- | | |
|----------------|-------------------|
| 1. <u>Knee</u> | Year: <u>1999</u> |
| 2. _____ | Year: _____ |
| 3. _____ | Year: _____ |
| 4. _____ | Year: _____ |
| 5. _____ | Year: _____ |
| 6. _____ | Year: _____ |
| 7. _____ | Year: _____ |



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for AMERICAN HEALTH CARE, INC.



Neurology
Specialists of Charleston
www.charlestonneurology.com

Please check all that **CURRENTLY** apply:

GENERAL

- ☒ Chills
- ☒ Unusual fatigue
- ☒ Fever
- ☐ More than 15lb weight change in past 6 months

RESPIRATORY

- ☐ Difficulty breathing
- ☐ Persistent cough

GENITOURINARY

- ☐ Bladder incontinence
- ☐ Frequent urination
- ☐ Urinary urgency
- ☐ Burning with urination
- ☐ Erectile dysfunction

MUSCULOSKELETAL

- ☒ Joint pain
- ☒ Joint swelling
- ☐ Back pain
- ☐ Neck pain
- ☐ Neck stiffness
- ☒ Muscle spasms

GASTROINTESTINAL

- ☐ Constipation
- ☐ Diarrhea
- ☐ Nausea
- ☐ Vomiting

SKIN

- ☐ Frequent bruising
- ☐ Rashes

EYES, EARS, THROAT

- ☐ Blurred vision
- ☐ Loss of vision
- ☐ Double vision
- ☐ New hearing loss
- ☐ Dizziness

CARDIOVASCULAR

- ☐ Chest pain or pressure
- ☐ Lightheaded on standing
- ☐ Heart palpitations (skipped heart beats)

PSYCHIATRIC

- ☐ Anxiety
- ☒ Depression
- ☐ Hallucinations
- ☐ Insomnia
- ☐ Thoughts of suicide

NEUROLOGIC

- ☐ Trouble swallowing
- ☐ Confusion
- ☒ Tremor (shaking hand or head)
- ☐ Memory loss
- ☐ Balance problems
- ☒ Changes in your gait or walk
- ☐ Difficulty with speech (voice changes)
- ☐ Headaches
- ☐ Migraines
- ☐ Fainting/Loss of consciousness
- ☐ Numbness / Tingling face or extremities
- ☒ Weakness in your arms or legs
- ☐ Falls or other recent trauma
- ☐ Trouble swallowing

Your Visit Today

1. What is the primary reason you are coming to see a Neurology Specialist?

leg and hands

2. Describe your problem: leg numb, hurting and Swelling running in back and in legs

3. When did the problem start? May 3, 2016

4. What are some of the primary symptoms associated with this problem?

hand swelling no grip, Falling from leg given way

5. How long do the symptoms last? Never stops hurting

6. Have you ever had a brain or spinal injury? NO

If yes, please explain: _____

7. Was your injury work related? yes

If yes, what was the date of your work injury? May 3, 2016

8. Have you had a prior neurological consultation for this problem? NO

PRIOR DIAGNOSTIC TESTING

Please mark your experience with the following tests. If you have had any of these tests, please remember to bring FILMS and REPORTS to review at your appointment:

- | | |
|---|--|
| ☐ Angiogram of the brain (MRA) | ☐ Spinal tap |
| ☐ CT Scan (CAT scan) | ☐ Skull X-ray |
| ☐ DAT scan | ☐ Spine X-ray |
| ☐ EEG (brain wave test) | ☒ MRI (Magnetic Resonance Imaging) |
| ☐ EMG (nerve-muscle test) | ☐ PET scan |

☐ OTHER: _____



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AMBULATORY HEALTH CARE, INC.



Neurology
Specialists of Charleston
Pain Management

HABITS:

Check any of the following that you have used and state amount:

- ☐ Caffeine - How much per day? 1 glass
- ☐ Alcohol - How much per day?
- ☐ Tobacco - How much per day? 1 pack
- ☐ Recreational drugs - type / amount? NONE

Do you exercise regularly? ☐ Yes ☒ No How often? _____

FAMILY HISTORY:

Have any of your relatives had any of the following?

If yes, indicate relationship (e.g., father, mother, brother):

- | | |
|---|---------------------------------------|
| ☐ Alcoholism | ☐ Migraine |
| ☐ Cancer | ☐ Seizures |
| ☐ Diabetes | ☐ Stroke |
| ☐ Heart Disease | ☐ Tuberculosis |
| ☐ Mental Illness | |

Are there any other diseases that run in the family? _____

I certify that the above information is correct to the best of my knowledge. I will not hold my doctor(s) or any members of their staff responsible for any errors or omission that I may have made in the completion of this form.

Signature: _____

Willie Camille Powell

Clinical Trials of South Carolina

Clinical Trials of South Carolina is an independent, multi-therapeutic outpatient clinical research site, which conducts Phase II, III and IV clinical trials. Are you interested in learning about and/or participating in Clinical Trials with Clinical Trials of South Carolina? Please check the area of diagnosis in which you apply:

- | | |
|--|---|
| ☐ Arthritis | ☒ Constipation Caused By Pain Medications |
| ☐ Back Pain | ☐ Pain Medications |
| ☐ Headaches | ☐ Movement disorders |
| ☐ Pain After Shingles | ☐ Diabetes |



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OF AMBULATORY HEALTH CARE, INC.



Neurology
Specialists of Charleston



Pain Specialists of Charleston

Edward Tavel, MD & Walter Gonzalez, MD

Neurology Specialists of Charleston

David Sticker, MD

POWELL, WILLIE CARROLL

50 Y old Male, DO

Guarantor: POWELL, WILLIE CARROLL Insurance: BRIDGEFELD INS CO Payer

ID: PAPER

Referring: COMP WORKERS

Appointment Facility: PAIN SPECIALISTS OF CHARLESTON

07/21/2016

David Sticker

Current Medications

Taking

- Percocet 10-325 MG Tablet 1 tablet as needed Orally BD as needed
- Norco 10-325 MG Tablet 1 tablet as needed Orally TD
- Valtum 10 MG Tablet 1 tablet as needed Orally at bedtime
- Lisinopril 10 MG Tablet 1 tablet Orally Once a day
- Medication List reviewed and reconciled with the patient

Past Medical History

High blood pressure
High Cholesterol

Surgical History

Knee surgery
eye surgery

Family History

Father: deceased
Mother: alive

Social History

Alcohol: yes
Children: yes
Smoking: yes

Allergies

NKDA

Hospitalization/Major Diagnostic Procedure
see list above

Review of Systems

Cardiovascular:

Patient denies bladder incontinence, frequent urination, urinary urgency, burning with urination.

Cardiovascular:

Patient denies chest pain (angina), irregular heartbeats (palpitations), lightheadedness of standing.

Dermatologic:

Patient denies frequent bruising, rash.

ENT:

Patient denies blurred vision, loss of vision, double vision, new hearing loss, dizziness.

Gastroenterology:

Patient denies nausea/vomiting, diarrhea, constipation.

General:

Patient denies more than 15 lb weight change in past 6 months. Patient complaining of chills, fatigue, fever.

Musculoskeletal:

Patient denies neck stiffness, neck pain. Patient complaining of joint pain, joint swelling, back pain, muscle spasms.

Neurologic:

Patient denies confusion, memory loss, poor balance, difficulty with speech, headache, migraines.

Reason for Appointment

1. Pain in legs.

History of Present Illness

New Patient Evaluation:

Patient is seeing us to evaluate and treat possible tibial nerve dysfunction. Patient complains of having pain in bilateral legs and hands. He states the pain began while he was at work working on a pipe and had it legs wrapped around it leaning back to fix the pipe above him and when he sat up he felt something in his right leg "pop". After the pain in the right leg started he began to have pain in the lower back then the pain started to radiate into the left leg but the right leg is more severe. He is also complaining of swelling in bilateral hands. Patient states the pain is constant everyday and night making it hard for him to sleep at night. He is also having tingling and numbness in bilateral legs but the right side is worse. Patient is having a hard time walking and losing his balance due to the pain in the legs. Patient has seen a WC doctor and they sent him for a MRI and it showed that changes that could be related to either local inflammation versus degeneration changes from tibial neuropathy. He is taking Percocet 10-325MG, Lorcet 10-325MG and Valtum 10MG with only mild improvement.

DOT 5/3/16

Body Parts Covered: Lower back

Claim: Open

Work Status: Light Duty.

Vital Signs

Pain Scale --, Ht 5'9, Wt 160 lbs, BMI 31.24, BP 148/94 mm Hg, HR 68, RR 18.

Physical Examination

Comprehensive Neu Exam:

General: Awake and alert, in mild distress. Eyes: Pupils equal, round and reactive. Musculoskeletal: Antalgic gait. HE could not stand on his heels or toes secondary to reported pain. Normal tone. No spasticity. Strength (upper): Normal 5/5 strength in the upper extremities. Strength (lower): Strength 5/5 in all muscle groups in the left leg. Right leg testing was significantly limited by a pain related reduction in activation. All muscle groups testing (proximal and distal) resulted on pain that reduced effort. No clear atrophy. There was also evidence for a positive Hoover and reverse Hoover sign in the LE. Mental status/cortical function: Fully alert and oriented to person, place and time. Normal language. Sensory: Hyperesthetic sensation in the entire right leg below the knee with a relative reduction in temperature and vibration sensation the right leg compared to the left in a non-dermatomal or peripheral-nerve specific distribution. Reflexes: Reflexes 2+ and symmetric in the upper and lower extremities. Coordination: No tremor. Normal coordination.

Assessments

1. Pain in right leg - M79.604 (Primary)
2. Long term (current) use of opiate analgesic - Z79.891

The MRI findings are nonspecific but could be related to a primary neurogenic process. The examination today was very difficult to interpret with reported inability to cooperate with just about all motor testing limited secondary to pain. I was unable to determine the presence of pathologic weakness given these limitation. Sensory exam with alteration reported throughout the leg. His complaints are greater than what would be expected for a focal tibial neuropathy or even lumbar radiculopathy with more recent complaints in both hands. He initially stated he did not want to consider EMG. I

faltering loss of consciousness, tingling, numbness, falls or other recent trauma. Patient complaining of tremor, changes in gait, arm weakness, leg weakness.

Psychology:

Patient denies hesitations, anxiety, suicidal ideation, insomnia, depression.

Respiratory:

Patient denies cough, difficulty breathing.

explained that this was going to be the best way to evaluate for a neurogenic process. He finally agree to try and complete the testing. This will be scheduled.

Treatment

1. Pain in right leg

Notes: After talking with patient, An EMG/NCV of BLE was recommended and discussed with the patient. Patient was advised to refrain from use of lotions, creams or oils in the area to be tested. Patient was also explained the risks of undergoing the diagnostic test while taking blood thinners. Electronic records being sent to referring provider. As always, thank you for this kind referral and I look forward to working with you in the care of this patient. Transcribed by Katie Wells.

2. Long term (current) use of opiate analgesic

LAB: Urine Drug Screen

LAB: Full Panel

Notes: UDS is being performed due to establishment of a new patient. UDS performed in the office today. Screening performed for confirmation that the current prescribed pain medications are present and taken as prescribed. We will also confirm that no illicit drugs are present. Urine sample sent to In-Office Lab for confirmation.

Procedure Codes

G0431 DRUG SCR QUAL: SINGLE CLASS METH EA
G6056 OPIATES, DRUG AND METABOLITES, EACH PROCEDURE

G6058 Drug Confirmation, each procedure

G6058 Drug Confirmation, each procedure

G6058 Drug Confirmation, each procedure

G6058 Drug Confirmation, each procedure

G6058 Drug Confirmation, each procedure

Follow Up

pending EMG (Reason: EMG/ NCS)

Electronically signed by DAVID STICKLER, MD on 09/06/2016 at 10:13 AM EDT

Sign off status: Pending

PAIN SPECIALISTS OF CHARLESTON
2695 ELMS PLANTATION BLVD
NORTH CHARLESTON, SC 294065017
Tel: 843-818-1181
Fax: 843-818-1145

Patient: POWELL, WILLIE CARROLL DOB: [REDACTED] Progress Note: David Stickler 07/21/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Neurology
Specialists of Charleston
www.NeurologyCharleston.com

David Stickler, MD
Board Certified Neurologist

2695 Elms Plantation Blvd., Suite B
North Charleston, SC 29406
Office: 843.410.0924
Fax: 843.818.1145

Test Date: 8/9/2016

Patient:	Willie Powell	DOB:		Physician:	David Stickler, MD
Sex:	Male	ID#:		Ref Phys:	David Stickler, MD

Brief History:

Patient is a 50 year-old male who presents with right lower extremity pain and paresthesias. Examination with give-way weakness throughout the right leg and hyperesthetic sensation throughout the leg. The specific question is to evaluate for lower extremity neuropathy versus lumbar radiculopathy.

Nerve Conduction Studies Summary:

Evaluation of the right median motor nerve showed no response (Wrist (7cm)). The left tibial motor nerve showed prolonged distal onset latency (7.3 ms). The right radial sensory nerve showed no response (Wrist (10cm)). The right superficial peroneal sensory nerve showed no response (10 cm). The right sural sensory nerve showed no response (Calf (14cm)). All remaining nerves (as indicated in the following tables) were within normal limits. The multiple absent response were not necessarily pathologic. The patient was unable to relax during the testing and consistently moved the entire limb tested, even with low levels of stimulation.

EMG Summary:

Concentric needle evaluation of the right gastroc muscle showed increased insertional activity and slightly increased spontaneous activity. All remaining muscles (as indicated in the following table) showed no evidence of electrical instability.

Impression:

This is a non-diagnostic study. The patient was unable to tolerate conduction studies and even low level stimulation produced large amplitude movements with the inability to relax the muscles of the leg that equally limited the sensory conduction studies. Given these technical limitations, supramaximal stimulation was never tolerated to the point that accurate responses could be obtained, and this study cannot fully evaluate for a focal right lower extremity neuropathy. The EMG was also limited by reduced activation that appeared to be secondary to pain. There was a mild increase in insertional activity in the right lateral gastrocnemius muscle. There were no clear neurogenic motor units observed in either leg to confirm a neurogenic process.

David Stickler, MD

EW

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Patient: Powell, Willie

Test Date: 8/9/2016

Page 2

Nerve Conduction Studies
Anti Sensory Summary Table

Stim Site	NR	Peak (ms)	Norm Peak (ms)	F.T. Amp (uV)	Norm F.T. Amp	Dist (cm)
Right Radial Anti Sensory (Base 1st Digit)					>15	
Wrist (10cm)	NR		<2.5			
Right Saph Pylus Anti Sensory (Ant 1st Met)					>5.0	
10 cm	NR		<4.1			
Right Sural Anti Sensory (Lat Met)					>5.0	
Calf (14cm)	NR		<4.8			

Motor Summary Table

Stim Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm O-P Amp	Site1	Site2	Delta-0 (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Right Median Motor (Abd Pol Brev)					>3.0						
Wrist (7cm)	NR		<4.5								
Right Peroneal Motor (Ext Dig Brev)					>2.0	Popli	Ankle (8cm)	8.9	37.0	42	>42
Ankle (8cm)		6.6	<6.6	2.4							
Popli		15.5		2.0							
Left Tibial Motor (Abd Hall Brev)					>2.0						
Ankle (8cm)		7.3	<6.6	5.3							
Right Tibial Motor (Abd Hall Brev)					>2.0	Knee	Ankle (8cm)	8.6	44.0	51	>42
Ankle (8cm)		6.6	<6.6	2.8							
Knee		15.2		1.5							

EMG

Side	Muscle	Nerve	Root	Ins Act	Fib	Pos	Fascic	Amp	Dist	Polv	Revert	Int Pat	Comment
Right	Peroneus Long	Sap Br Peron	L3-S1	Nml	Nml	Nml	Absent	Nml	Nml	0			Red Act
Right	Vastus Lat	Femoral	L2-4	Nml	Nml	Nml	Absent	Nml	Nml	0			Red Act
Right	Vastus Med	Femoral	L2-4	Nml	Nml	Nml	Absent	Nml	Nml	0			Red Act
Right	Gastroc	Tibial	S1-2	Inter	1+	1+	Absent	Nml	Nml	0			Red Act
Left	Gastroc	Tibial	S1-2	Nml	Nml	Nml	Absent	Nml	Nml	0			Red Act
Right	Ant Tibialis	Do Br Peron	L4-5	Nml	Nml	Nml	Absent	Nml	Nml	0			Red Act
Left	Ant Tibialis	Do Br Peron	L4-5	Nml	Nml	Nml	Absent	Nml	Nml	0			Red Act

Attachments



PAIN SPECIALISTS OF CHARLESTON
Edward Tavel, MD & David Stickler, MD
Neurology Specialists of Charleston
David Stickler, MD

POWELL, WILLIE CARROLL

50 Y old Male, DO
Account No.

Guarantor: POWELL, WILLIE CARROLL Insurance: BRIDGEFIELD INS CO Payer:
ID: PAPER
Referring: COMP WORKERS
Appointment Facility: PAIN SPECIALISTS OF CHARLESTON

08/09/2016

David Stickler

Current Medications
None

Past Medical History
High blood pressure
High Cholesterol

Assessments

1. Pain in right leg - M79.604 (Primary)
2. Paresthesia of skin - R20.2

Treatment

1. Pain in right leg

Referral To:

Reason: MRI of L-Spine without contrast

Procedure Codes

95910 NRV CNDJ TEST 7-8 STUDIES
95885 MUSC TST DONE W/NERV TST LIM
95886 MUSC TEST DONE W/N TEST COMP

Follow Up

pm

Electronically signed by DAVID STICKLER, MD on 09/08/2016 at 01:40 PM EDT

Sign off status: Pending

PAIN SPECIALISTS OF CHARLESTON
2695 ELMS PLANTATION BLVD
NORTH CHARLESTON, SC 294065017
Tel: 843-818-1181
Fax: 843-818-1145

Patient: POWELL, WILLIE CARROLL DO: [REDACTED] Progress Note: David Stickler 08/09/2016

Note generated by eClinicalWorks EHR/PM Software (www.eClinicalWorks.com)

Provider Name:

Provider ID

Number:

Provider UPIN:

Provider NPI:

Provider Facility:

Provider Speciality:

Address1:

Address2:

City, State, Zip:

Phone:

Appt. Date/Time:

Fax:

Facility Tax ID
Number:



Neurology

Specialists of Charleston

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Neurology Specialists of Charleston

David Stickler, MD

2695 Blais Plantation Blvd - Charleston, SC 29406

Phone: (843) 410-0924

Fax: (843) 818-1145

www.NeurologyCharleston.com

8/19/16

Mr. Willie Carroll Powell was referred for possible nerve injury secondary to changes on the MRI of the leg. I could not confirm that he has a clear tibial neuropathy in his recent EMG/NCS. These change could be secondary to a neurogenic process involving his lumbar spine and an MRI of the lumbar spine has been requested to evaluate further.

A handwritten signature in black ink, appearing to read "David Stickler".

David Stickler, MD

REFERRAL

David Stickler

WILLIE CARROLL
POWELL

Neurology

Neurology Specialists of Charleston

2695 Elms Plantation Blvd Suite B, North Charleston, SC-294065017

Tel: 843-410-0924 Fax: 843-818-1145

Date: 09/06/2016

Patient Information:

Patient Name: WILLIE CARROLL POWELL

Patient DOB: [REDACTED]

Patient Insurance: BRIDGEFIELD INS CO

Patient Subscriber

No: [REDACTED]

Patient Address: [REDACTED] ROAD, JOHNSONVILLE, SC, US 29555

Patient Phone: [REDACTED]

Patient Work Phone: [REDACTED]

Patient Cell Phone: [REDACTED]

Insurance Information

Insurance Name: BRIDGEFIELD INS CO

Subscriber Name: POWELL, WILLIE CARROLL

Subscriber DOB: [REDACTED]

Subscriber No: [REDACTED]

Subscriber Group

No: [REDACTED]

Subscriber Address: [REDACTED] D, JOHNSONVILLE, SC, US 29555

Subscriber Phone: [REDACTED]

Referral From Information:

Provider Name: David Stickler

Provider ID

Number:

Provider UPIN: 139896

Provider NPI: 1699711945

Provider Facility: Neurology Specialists of Charleston

Provider Speciality: Neurology

Address1: 2695 Elms Plantation Blvd

Address2: Suite B

City, State, Zip: North Charleston, SC, 294065017

Phone: 843-410-0924

Fax: 843-818-1145

Referral To Information:

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Lake City Community Hospital
258 N. Ron McNair Blvd
Lake City, SC 29560
(843) 374-6131

Radiology Report

PHYSICIAN: DECAMPS, DANIEL E MD
PEE DEE FAMILY PRACTICE
625 S. GEORGETOWN HWY.
JOHNSONVILLE, SC 29555-

NAME: POWELL, CARROLL C PHONE #: (843) 992-5890
ACCOUNT #:
SEX: M DOB:
PATIENT LOCATION: OUTPATIENT
DATE OF EXAM: 10/03/2016

MRI- L SPINE W/O CONTR

EXAM: MRI OF THE LUMBAR SPINE WITHOUT CONTRAST, 10/03/2016.

History: Injury four months ago, low back pain and right lower extremity radiculopathy.

Comparison: None.

Technique: Multiplanar, multisequence imaging of the lumbar spine was obtained without intravenous gadolinium on a 1.5-Tesla closed MR imaging system.

Findings: Coronal overview images through the pelvis demonstrate normal signal characteristics within the bilateral hips.

Five non-rib bearing lumbar type vertebral bodies will be assumed for numbering purposes. The vertebral bodies demonstrate normal signal characteristics, height, and alignment. There is mild disc space narrowing and desiccation at the L5/S1 level. Conus medullaris terminates at the L1 level, and the spinal cord and nerve roots demonstrate normal signal characteristics.

Findings at individual levels are as follows:

L1/L2: Unremarkable.

L2/L3: Minimal broad based disc bulge and bilateral facet hypertrophy without significant compressive sequelae.

L3/L4: Circumferential disc bulge and bilateral facet hypertrophy without significant compressive sequelae.

L4/L5: Mild circumferential disc bulge and bilateral facet hypertrophy without significant central canal narrowing. Minimal symmetrical lateral recess and neural foraminal narrowing.

L5/S1: Mild circumferential disc bulge and bilateral facet hypertrophy. There is minimal symmetrical bilateral lateral recess and neural foraminal narrowing. The nerves are not effected.

Impression:

1. Mild lower lumbar spondylosis. No acute process.

Michael Hunter Brown, M.D.
Electronic Signature

DD: 10/03/2016/DT: 10/03/2016

Patient: POWELL, CARROLL C

abb



1106 Chuck Dawley Blvd., Suite 200 ■ Mt. Pleasant, SC 29464

Patient Name: Carroll Powell

Encounter Date: 10/20/2016

Date of Birth: [REDACTED]

Account Number: [REDACTED]

Chief Complaint: Mr. Powell is seen for the purposes of an independent medical evaluation.

History of Present Illness: This man was injured on May 3, 2016. He was on a high line sitting with his feet hooked under a lower pipe when he was holding a piece of steel for a welder to weld and had to pull his weight back up and in the context of performing this task felt some wrenching in his low back and a popping sensation into the right leg. He describes himself as having severe pain into the back, pain into the buttocks, into the hip, and into the right leg and has had pain 10/10. He has some pain and swelling in his right lower extremity. He has worked as a pipefitter for Johnsonville Mechanical Contractors. In the past he has had some problems with his knee and has had an MRI scan of his knee in the past. He has also had some complaints of some chronic back pain. He even had an episode of low back pain in the past but has not had any kind of MRI scans or other studies until this most recent injury. He has been seen by Dr. Stickler who is a neurologist who noted him to have right lower extremity pain and paresthesia; and he underwent an attempt of EMG, which was not completed. He has swelling in his leg, swelling in his foot, numbness in the leg, and pain in the low back.

Past Medical History: Hypertension 401.9 (401.9), Glaucoma (365.9)

Current Medications: gabapentin 100 mg capsule Oral, citalopram 20 mg tablet Oral, valacyclovir 1 g tablet Oral, atorvastatin 20 mg tablet Oral, losartan 100 mg tablet Oral, diclofenac sodium 75 mg tablet, delayed release TbEC Oral, hydrocodone 10 mg-acetaminophen 325 mg tablet Oral

Drug Allergies: No known allergies

Physical Examination: On exam he does have some edema within the ankle and within the foot. His skin is relatively shiny. There is some edema in the calf and in the toes. There is some point tenderness to palpation and some hyperesthetic sensitivity to palpation across his foot. He has some tenderness to palpation along his joint line on the right and a strongly positive straight leg raising with a diminished Achilles reflex.

Imaging Findings: He has diagnostic imaging studies to include an MRI scan of the lumbar spine dated 10/3/2016, which shows evidence of posterior disc bulging with lateral recess and neural foraminal narrowing.

He has a report of an MRI scan of the knee from 2010 describing minimal degenerative signal within the medial meniscus.

Diagnosis Codes:

M54.5 Low back pain

134

18

DIGITALLY SIGNED Steven C. Poletti, MD
10/27/2016

Patient Name: Powell, Carroll

Account number: [REDACTED]

DOB [REDACTED]

Encounter Date: 10/20/2016

Impression: 1. Lumbar Pain

2. Lumbar radiculopathy

3. Rule out right knee injury with possible reflex sympathetic dystrophy

Treatment Plan: This man has pain into his low back, pain into his right leg. He has been seen by Dr. DeCampa. He is working in a light-duty capacity. He has been prescribed analgesics to include Percocet, and I suspect that he has had some direct injury to his right knee and to his back and that this disc disruption at the L5-S1 level most likely was the direct result of his work-related accident in 2016; and this also aggravated a pre-existing right knee injury. I do think he requires follow-up MRI scanning of the right knee and evaluation with an orthopedic surgeon. I do think with regards to his low back he could consider treatment to include epidural injections at the L5-S1 disc space. I would suspect that the hypersensitivity that he has in his right lower extremity is not the result of symptom magnification but rather potential consequences of having an element of swelling and reflex sympathetic dystrophy or causalgia in the right lower extremity. Again, I would consider the disc protrusion at L5-S1 to be caused by the work-related injury this year and the knee problem to have been aggravated. Both of these injuries have contributed to the development of what would appear to be some type of early sympathetic dystrophy to the right lower extremity. I do think that he has an impairment currently due to radiculopathy and due to the interval development of the reflex sympathetic dystrophy. I would estimate it currently to be 10 percent to the whole person, potentially higher should this causalgia or persistent swelling and edema remain permanent as a consequence of this. Again, he should get his knee checked out by an orthopedic surgeon. He should potentially consider an epidural injection for the low back. He should remain on a sedentary or restricted-duty status.

The patient is instructed to call us if pain persists or get worse. The patient is instructed to return if pain or symptoms arise.

Steven C. Poletti, MD

SCP/dmp

CC: Thomas W. Greene, Esquire (FAX #888-411-1896)

DIGITALLY SIGNED Steven C. Poletti, MD
10/27/2016

135

2 of 2



**Pee Dee
Orthopaedic
Associates, PA**

Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey H. Ervin, M.D., Jason B. O'Dell, M.D., Chodley M. Runyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welsh, M.D.

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Addendum - Dated 3/7/2017

THE ICD 10 CODE FOR THIS VISIT IS S74.90XS.

End Addendum - Dated 3/7/2017

Initial Examination

PATIENT ID:

PATIENT: Willie Powell

DOB:

Employer: Johnsonville Mechanical Contractions

Date of Service: 3/1/2017

Age: 50 year(s)

Occupation: No data for Occupation

Referring Physician: IME

Other Physicians:

Date of injury/onset:

Date Type
05/09/2016 injury

Chief Complaint: Right knee injury

History of

Present Illness:

Willie Powell is a 50 year(s) who presents with [history of injuring his right lower extremity while at work on May 3, 2016. The patient states he was hanging sideways using his legs against 2 pipes to support him out while he held another pipe to be welded. He states he felt something pop in his posterior lateral knee and since then has had posterior thigh, knee and lateral calf pain. He states that his lateral 3 toes are numb. He states he has difficulty elevating his foot. He has had a lumbar MRI scan which showed some degenerative changes at L5-S1. He tried to have a EMG nerve conduction study of the right lower extremity which was on tolerable secondary to his anxiety and pain. He presents today for independent medical evaluation with regards to his right knee.]

Allergies:

NKDA

Current Meds:

atorvastatin (Dosage: 20 mg/tablet), citalopram (Dosage: 20 mg/tablet), gabapentin (Dosage: 100 mg/capsule SIG: Take 1 capsule by mouth three times a day Dispense: 90 Refills: 1), losartan (Dosage: 100 mg/tablet), Norco (hydrocodone-acetaminophen) (Dosage: 10-325 mg/tablet SIG: Take 1-2 tablet by mouth every four to six hours as needed Dispense: 60), Percocet (oxycodone-acetaminophen) (Dosage: 10-325 mg/tablet SIG: Take 1 tablet by mouth every four hours as needed for pain Dispense: 50), Valium (diazepam) (Dosage: 10 mg/tablet SIG: Take 1 tablet by mouth three times a day as needed Dispense: 40)

Past Med Hx:

Depression; Hypercholesterolemia; Hypertension

Surgical History:

eye surgery; knee surgery

Family History:

Hypertension; Parents: Father-Deceased; Parents: Mother-Living

Social History:

Light tobacco smoker Alcohol use: Occasionally; Drug Use: Never; Employment: Full Time; Marital Status: Married

REVIEW OF SYSTEMS:

Review of

Systems:

General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine systems have been reviewed and are negative except:

Cardiac: High blood pressure; cardiac: HIGH CHOLESTEROL; Psychiatric: Depression



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: March 1, 2017 Patient: Willie Powell Page: 2

**Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey H. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welsch, M.D.**

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PHYSICAL EXAM:

Vitals: HEIGHT / LENGTH: 5' 10" WEIGHT: 160 lbs 0 oz BMI: 23 TEMPERATURE: 98
Appearance: No acute distress
Psychiatric: Mood and affect were appropriate
Head: Normocephalic, atraumatic
Skin:
Neuro: Alert and oriented x 3

FOCUSED EXAM:

[Right] Knee Exam:

Gait: He walks with a stifflegged gait with his foot externally rotated.
Deformity: None
Skin: He has some hypersensitivity over the lateral lower extremity
Effusion: None
Swelling: None
Palpation: Tender at and below the fibular head
Crepitation: None
Patellar grind: Negative
Range of Motion: Knee extension is to 0° and flexion is to 135°
Stability: No varus or valgus instability
Lachman: Negative
Anterior drawer: Negative
Posterior drawer: Negative
Pivot Shift: Negative
McMurray's test: Negative
Appley's test: Negative
Motor Strength: Hip flexors 5/5; quadriceps 5/5; hamstrings 5/5; tibialis anterior 5/5; EHL 5/5; gastrocnolius 5/5.
Light touch: Intact
Pulses: Popliteal artery, 2+ dorsalis pedis, posterior tibial artery
Miscellaneous:

He has weakness with dorsiflexion of his foot. Decreased 2 point sensation on the dorsum of the lateral foot.

X-ray:

AP and lateral right knee x-rays demonstrate no osseous abnormalities. He had an MRI scan of the tib-fib lower extremity and demonstrated muscular changes of the lateral compartment and part of the soleus which appeared to be consistent with some neurologic denervation

ASSESSMENT:

ICD9/10 Code: 907.5-Late effect of injury to peripheral nerve of pelvic girdle and lower limb

Diagnosis: Diagnosis Unfinished w/o Legacy Diagnosis

PLAN:

PRESCRIPTION: No data for Prescription



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: March 1, 2017 Patient: Willie Powell Page: 3
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elzington, Jr., M.D.,
Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welsh, M.D.

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I had a lengthy discussion with the patient and his wife. His wife demonstrated a video to me of his gastroc muscle in multiple spasms which he states occurs daily. He states that he has pain that radiates from his lower back down to the tip of his toes. I believe he does not have a significant knee injury but in general has a neurologic injury most likely to the peroneal nerve or at the tibial nerve peroneal nerve junction. I do not see any indication for knee surgery however I believe he needs continued evaluation of his tibial and peroneal nerve especially his peroneal nerve. It would be very helpful for him to have an EMG/nerve conduction study. He may have to require some anti-anxiety medicine to have this done. He states that he currently takes Neurontin. This appears to help somewhat but he continues to have an issue. In addition he may benefit from an AFO if he has difficulty ambulating with regards to the weakness in his foot. I believe he continues to have radicular pain in his lower extremity but has no internal knee pathology. He may benefit from selective nerve blocks to see if this would lessen his symptoms. Based on his history of his injury I wonder if he did not compress the peroneal nerve against the pipe that he was hanging from. I think his workup should be continued with either neurology or possibly neurosurgery for peripheral nerve injury. I hope this is helpful for reevaluation. Please feel free to contact me if you have any further questions.

Patrick K. Denton, M.D.

This document was electronically signed on 3/1/2017

Patient Education Material(s) - Dated 3/1/2017
Website Referral;

Progress Notes

Patient: Powell, Willie C

Provider: Patrick K. Denton, MD

Account Number: [REDACTED]

DOB: [REDACTED] Age: 51 Y Sex: Male

Date: 08/09/2017

Phone: [REDACTED]

Address: [REDACTED] Road, Johnsonville, SC-29555

Pcp: Daniel F. Decamps, MD

Subjective:

Chief Complaints:

1. Right lower leg.

HPI:

Constitutional:

Patient returns today for a follow-up of his right leg symptoms. He states that he has still not been approved to see a neurologist or neurosurgeon. Patient reports that he is scheduled to undergo an EMG/NCS next Monday.

Medical History: Hyperlipidemia, Hypertension.

Surgical History: Left knee surgery, Bilateral cataract surgery.

Family History: Father: deceased. Mother: alive.

Social History:

Tobacco Use:

Smoking

Are you a: *current smoker*

How often do you smoke cigarettes? *every day*

How many cigarettes a day do you smoke? *11-20*

How soon after you wake up do you smoke your first cigarette? *6-30 minutes*

Are you interested in quitting? *Not ready to quit*

Drug/Alcohol:

Drugs: Denies.

Alcohol

Did you have a drink containing alcohol in the past year? *Yes*

How often did you have a drink containing alcohol in the past year? *Two to four times a month (2*

points)

How many drinks did you have on a typical day when you were drinking in the past year? *3 or 4 (1*

point)

Points *3*

Interpretation *Positive*

Medications: Taking Gabapentin 100 MG Capsule Orally, Taking Atorvastatin Calcium 40 MG Tablet 1 tablet Orally Once a day, Taking Losartan Potassium 25 MG Tablet 1 tablet Orally Once a day, Taking Norco (Acetaminophen-Hydrocodone) 5-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs, Taking Percocet (Oxycodone-Acetaminophen) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs, Taking Vallium (Diazepam) 10 MG Tablet 1 tablet as needed Orally Twice a day, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Wt 165 lbs, Wt-kg 74.84 kg, Ht 5'11, Ht-cm 152.4, BMI 32.22, Temp 98.6, BSA 1.78 M.

Assessment:

Assessment:

1. Injury of unspecified nerve at hip and thigh level, unspecified leg, sequela - S74.90XS (Primary)

I, Deborah Martin, attest that the documentation entered is accurate and reflects the physician's communication to the patient. I Patrick Denton, M.D., hereby attest that the documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me.

139 24



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: June 27, 2017 Patient: Willie Powell Page: 1
Anthony W. Alexander, M.D., Robert P. Chelish, M.D., Barry L. Carr, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Houghton, Jr., M.D.,
Dorey H. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Ramsey, M.D.,
Miguel A.R. Warr, M.D., Matthew D. Welch, M.D.

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PEE DEE ORTHOPAEDIC REFERRAL

DATE: 08/27/2017

PATIENT NAME: Willie Powell

CHART # 378307

DATE OF BIRTH:

DIAGNOSIS: PERONEAL NERVE PALSY WITH FOOT
DROP

REFER TO: DR. W. NASO

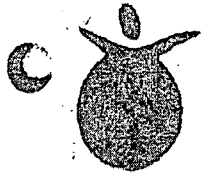
FOR: EVALUATION AND TREATMENT

APPOINTMENT DATE:

TIME:

Patrick K. Denton, M.D.

This document was electronically signed on 08/27/2017



**Pee Dee
Orthopaedic
Associates, PA**

Anthony W. Alexander, M.D., Patrick P. Chisholm, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Livingston, Jr., M.D.,
Dwight H. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Ramsey, M.D.,
Rajal A.R. Wenz, M.D., Matthew D. Welch, M.D.

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Page 1

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Anthony W. Hargrove, M.D., Richard A. Guback, M.D., Gerry L. O'Neil, M.D., Robert D. Jones, M.D., T.A. G. Smith, M.D., Robert L. Thompson, M.D., Darryl E. Smith, M.D., John L. O'Neil, M.D., Geoffrey R. Jones, M.D., Christopher A. Smith, M.D., Christopher G. Smith, M.D.	
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APPT. TIME 2:35pPEE DEE ORTHOPAEDIC ASSOCIATES, P.A.
PATIENT INFORMATION WORKERS' COMPDOCTOR NUMBER 17DATE 8/2/2017

PATIENT ACCOUNT NUMBER _____

☒ NEW ☐ CHANGEREFERRED BY Denton Imc

PRIMARY CARE PHYSICIAN _____

P A T I E N T I N F O R M A T I O N	PATIENT'S NAME	<u>Willie Carroll Powell</u>			MARITAL STATUS: M U S W
	DATE OF BIRTH	SEX: ☐ MALE ☐ FEMALE	RACE	ETHNICITY	SOCIAL SECURITY #
	ADDRESS - STREET, APT NO.	_____			
	CITY	STATE	ZIP	_____	
	TELEPHONE - HOME	CELL	FAX		
	EMPLOYER/DATE OF ACCIDENT	<u>Johannville Mechanical Contractors</u>			
	ADDRESS	<u>251 LAW City Hwy Johannville SC 29555</u>			
	PHONE #	TO VERIFY CALL			
	OCCUPATION	_____			
	IN CASE OF EMERGENCY NOTIFY	_____			
PHARMACY	LOCATION				

I N S U R A N C E	DATE OF ACCIDENT	<u>5/3/10 Rt lower leg</u>		
	DESCRIPTION OF ACCIDENT	_____		
	SEND CLAIM TO	<u>Summit</u>		
	ATTN	<u>Mr. Harry Klem Lewis</u>		
	ADDRESS	<u>PO Box 600</u>		
		<u>Geneville GA 30046</u>		
	PHONE #	<u>+888-637-1501 x 4259 800-971-2667</u>		
	CLAIM / FILE #	<u>01916-15-2888-000-10810</u>		
VERIFIED BY	<u>Jane Harvey</u>			
	<u>Fax 803-407-1871</u>			

SIGNATURE

DATE

Powell, Willie C

Johnsonville, SC, US

29555

DOB: [REDACTED] Age: 51 Y Sex: Male

Home: [REDACTED]

Work: [REDACTED]

Cell:

Email:

Allergies : N.K.D.A

Primary Insurance: SUMMITT WC

PCP: Daniel E Decampos, MD

Account Number: [REDACTED]

Medications

Name strength formulation, Sig: take route frequency

Taking Gabapentin 100 MG Capsule, Sig: Orally

Taking Percocet (Oxycodone-Acetaminophen) 10-325 MG Tablet, Sig: 1-2 tablet as needed Orally every 4-6 hrs

Taking Norco (Acetaminophen-Hydrocodone) 5-325 MG Tablet, Sig: 1-2 tablet as needed Orally every 4-6 hrs

Taking Losartan Potassium 25 MG Tablet, Sig: 1 tablet Orally Once a day

Taking Valium (Diazepam) 10 MG Tablet, Sig: 1 tablet as needed Orally Twice a day

Taking Atorvastatin Calcium 40 MG Tablet, Sig: 1 tablet Orally Once a day

year? Yes

How often did you have a drink containing alcohol in the past year? Two to four times a month (2 points)

How many drinks did you have on a typical day when you were drinking in the past year? 3 or 4 (1 point)

Points 3

Interpretation Positive

Allergies

N.X.D.A.

Hospitalization/Major Diagnostic**Procedure**

No Hospitalization History.

Patient: Powell, Willie C DOB [REDACTED] Progress Note: Patrick K. Denton, MD. 08/09/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Attachments

McLeod
Physician Associates**Powell, Willie C**51 Y old Male, [REDACTED]
Account N [REDACTED]

Home: 843-692-6090

Guarantor: Powell, Willie C Insurance: SUMMITT WC Payer ID: TP117
PCP: Daniel E Decamps, MD
Appointment Facility: McLeod Pee Dee Orthopedic Associates

08/09/2017

Progress Notes: Patrick K. Denton, MD

Current Medications**Taking**

- Gabapentin 100 MG Capsule Orally
- Atorvastatin Calcium 40 MG Tablet 1 tablet Orally
Once a day
- Losartan Potassium 25 MG Tablet 1 tablet Orally
Once a day
- Norco (Acetaminophen-Hydrocodone) 5-325 MG
Tablet 1-2 tablet as needed Orally every 4-6 hrs
- Percocet (Oxycodone-Acetaminophen) 10-325 MG
Tablet 1-2 tablet as needed Orally every 4-6 hrs
- Valium (Diazepam) 10 MG Tablet 1 tablet as needed
Orally Twice a day
- Medication List reviewed and reconciled with the
patient

Past Medical History

- Hyperlipidemia
- Hypertension

Surgical History

- Left knee surgery
- Bilateral cataract surgery

Family History

- Father: deceased
- Mother: alive

Social History**Tobacco Use:****Smoking**

- Are you a: *current smoker*
- How often do you smoke cigarettes? *every day*
- How many cigarettes a day do you smoke? *11-20*
- How soon after you wake up do you smoke your first
cigarette? *6-30 minutes*

- Are you interested in quitting? *Not ready to quit*

Drug/Alcohol:**Drugs:** Denies**Alcohol**

- Did you have a drink containing alcohol in the past

Reason for Appointment

- 1. Right lower leg

Vital Signs

Wt 165 lbs, Wt-kg 74.84 kg, Ht 5'11, Ht-cm 182.4, BMI 32.22, Temp 98.6, BSA 1.78 M.

Treatment**1. Others**Referral To: Florence Neurosurgery Neurosurgery Neurosurgery
Reason: REFERRAL TO FLORENCE NEUROLOGICAL EVALUATION AND
TREATMENT | CALL HIS FRIEND LYNN 843-621-8255Electronically signed by PATRICK DENTON, MD on 08/09/2017 at 11:17
AM EDT

Sign off status: Pending

McLeod Pee Dee Orthopedic Associates
101 JOHNS ST
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Tel: 843-662-5233
Fax: 843-678-9003

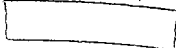
Patient: Powell, Willie C DOB [REDACTED]

Progress Note: Patrick K. Denton, MD 08/09/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

REFERRAL

Patrick K. Denton, MD
Orthopaedic Surgery
McLeod Pee Dee Orthopedic Associates
101 JOHNS ST STE 100, FLORENCE, SC-29506-2777
Tel: 843-662-5233 Fax: 843-678-9003

Willie C Powell
Reason For Referral:

Authorization No:

Authorization Type:

Reason:

REFERRAL TO FLORENCE NEUROLOGICAL, EVALUATION AND TREATMENT, CALL
HIS FRIEND LYNN 843-621-8255

Diagnosis:

M51.26 - Herniated intervertebral disc of lumbar spine
S84.12XD - Peroneal nerve injury, left, subsequent encounter

Procedures:

Visits Allowed:

0

Unit Type:

V (VISIT)

Start Date:

08/09/2017

End Date:

08/09/2018

Notes:

Clinical Notes:

Structured Data:



Electronically signed by DENTON, PATRICK K on 08/09/2017 at 11:17 AM EDT

Provider Facility:
Provider Speciality: Neurosurgery
Address1: 1204 E Cheves St
Address2:
City, State, Zip: Florence, SC, 29506
Phone: 843-673-0122
Appt. Date/Time:
Fax: 843-673-0227

Facility Tax ID
Number:

REFERRAL

Patrick K. Denton, MD
Orthopaedic Surgery
McLeod Pee Dee Orthopedic Associates
101 JOHNS ST STE 100, FLORENCE, SC-29506-2777
Tel: 843-662-5233 Fax: 843-678-9003

Willie C Powell
[REDACTED]

Date: 08/09/2017

Patient Information:

Patient Name: Willie C Powell
Patient DOB: [REDACTED]
Patient Insurance: SUMMITT WC
Patient Subscriber No: [REDACTED]
Patient Address: [REDACTED] Johnsonville, SC, US 29555
Patient Phone: [REDACTED]
Patient Work Phone: [REDACTED]
Patient Cell Phone: [REDACTED]

Insurance Information

Insurance Name: SUMMITT WC
Subscriber Name: Powell, Willie C
Subscriber DOB: [REDACTED]
Subscriber No: [REDACTED]
Subscriber Group No: [REDACTED]
Subscriber Address: [REDACTED] Johnsonville, SC, US 29555
Subscriber Phone: [REDACTED]

Referral From Information:

Provider Name: Patrick K. Denton, MD
Provider ID Number: [REDACTED]
Provider UPIN: [REDACTED]
Provider NPI: 1851391932
Provider Facility: McLeod Pee Dee Orthopedic Associates
Provider Speciality: Orthopaedic Surgery
Address1: 101 JOHNS ST
Address2: STE 100
City, State, Zip: FLORENCE, SC, 29506-2777
Phone: 843-662-5233
Fax: 843-678-9003

Referral To Information:

Provider Name: Florence Neurosurgery Neurosurgery
Provider ID Number: [REDACTED]
Provider UPIN: [REDACTED]
Provider NPI: [REDACTED]

Faxed @ 11:23 AM Dr. Naso (3)

Wednesday, Aug 09, 2017

To,

Florence Neurosurgery Neurosurgery

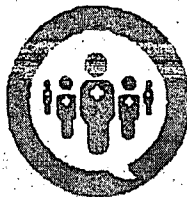
1204 E Cheves St Florence SC
843-673-0122

DENTON, PATRICK

McLeod Pee Dee Orthopedic Associates 101 JOHNS
ST FLORENCE SC
843-662-5233

Subject: REFERRAL TO FLORENCE
NEUROLOGICAL, EVALUATION AND
TREATMENT, CALL HIS FRIEND LYNN
843-621-8255

REFERRALS



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Powered by eClinicalWorks

Powell, Willie C

[REDACTED], Johnsonville, SC,

US 29555

DOB: [REDACTED] Age: 51 Y Sex: Male

Home: [REDACTED]

Work:

Cell:

Email:

Primary Insurance: SUMMITT WC

PCP: Daniel E. Decamps, MD

Account Number: [REDACTED]

Allergies: N.K.D.A.

Medications

Name strength formulation, Sig: take route frequency

Taking Gabapentin 100 MG Capsule, Sig: Orally

Taking Percocet(Oxycodone-Acetaminophen) 10-325 MG Tablet, Sig: 1-2 tablet as needed Orally every 4-6 hrs

Taking Norco(Acetaminophen-Hydrocodone) 5-325 MG Tablet, Sig: 1-2 tablet as needed Orally every 4-6 hrs

Taking Losartan Potassium 25 MG Tablet, Sig: 1 tablet Orally Once a day

Taking Valium(Diazepam) 10 MG Tablet, Sig: 1 tablet as needed Orally Twice a day

Taking Atorvastatin Calcium 40 MG Tablet, Sig: 1 tablet Orally Once a day

Alcohol

Did you have a drink containing alcohol in the past year? *Yes*

How often did you have a drink containing alcohol in the past year? *Two to four times a month (2 points)*

How many drinks did you have on a typical day when you were drinking in the past year? *3 or 4 (1 point)*

Points 3

Interpretation *Positive*

Allergies

N.K.D.A.

Hospitalization/Major

Diagnostic Procedure

No Hospitalization History

Patient: Powell, Willie C DO [REDACTED] Press Note: Patrick K. Denton, MD 08/09/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Attachments

McLeod

Physician Associates

Powell, Willie C

51 Y old Male, DOB:

Account Number:

Home:

Guarantor: Powell, Willie C Insurance:

Payer ID: TP117

PCP: Daniel E Decamps, MD

Appointment Facility: McLeod Pee Dee Orthopedic Associates

08/09/2017

Progress Notes: Patrick K. Denton, MD

Current Medications**Taking**

- Gabapentin 100 MG Capsule Orally
- Atorvastatin Calcium 40 MG Tablet 1 tablet Orally Once a day
- Losartan Potassium 25 MG Tablet 1 tablet Orally Once a day
- Norco (Acetaminophen-Hydrocodone) 5-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs
- Percocet (Oxycodone-Acetaminophen) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs
- Valium (Diazepam) 10 MG Tablet 1 tablet as needed Orally Twice a day
- Medication List reviewed and reconciled with the patient

Past Medical History

Hyperlipidemia.
Hypertension.

Surgical History

Left knee surgery
Bilateral cataract surgery

Family History

Father: deceased
Mother: alive

Social History**Tobacco Use:****Smoking**

Are you a: *current smoker*
How often do you smoke cigarettes? *every day*
How many cigarettes a day do you smoke? *11-20*

How soon after you wake up do you smoke your first cigarette? *6-30 minutes*
Are you interested in quitting? *Not ready to quit*

Drug/Alcohol:

Drugs: Denies.

Reason for Appointment

1. Right lower leg

Vital Signs

Wt 165 lbs, Wt-kg 74.84 kg, Ht 5'11, Ht-cm 152.4, BMI 32.22, Temp 98.6, BSA 1.78 M.

Treatment**1. Others**

Referral To: Neurological Surgery

Reason: REFERRAL TO FLORENCE NEUROLOGICAL

EVALUATION AND TREATMENT | CALL HIS FRIEND LYNN 843-621-8255

Electronically signed by PATRICK DENTON, MD on
08/09/2017 at 11:14 AM EDT

Sign off status: Pending

McLeod Pee Dee Orthopedic Associates

101 JOHNS ST

FLORENCE, SC 29506-2777

Tel: 843-662-5233

Fax: 843-678-9003

Patient: Powell, Willie C DO

Progress Note: Patrick K. Denton, MD 08/09/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

REFERRAL

Patrick K. Denton, MD

Orthopaedic Surgery

McLeod Pee Dee Orthopedic Associates

101 JOHNS ST STE 100, FLORENCE, SC-29506-2777

Tel: 843-662-5233 Fax: 843-678-9003

Willie C Powell

Reason For Referral:

Authorization No:

Authorization Type:

Reason:

REFERRAL TO FLORENCE NEUROLOGICAL, EVALUATION AND
TREATMENT, CALL HIS FRIEND LYNN 843-621-8255

Diagnosis:

M51.26 - Herniated intervertebral disc of lumbar spine

S84.12XD - Peroneal nerve injury, left, subsequent encounter

Procedures:

Visits Allowed:

0

Unit Type:

V (VISIT)

Start Date:

08/09/2017

End Date:

08/09/2018

Notes:

Clinical Notes:

Structured Data:

Electronically signed by DENTON, PATRICK K on 08/09/2017 at 11:14 AM EDT

Address2: STE 100
City, State, Zip: FLORENCE, SC, 29506-2777
Phone: 843-662-5233
Fax: 843-678-9003

Referral To Information:

Provider Name:
Provider ID
Number:
Provider UPIN:
Provider NPI:
Provider Facility:
Provider
Speciality: Neurological Surgery
Address1:
Address2:
City, State, Zip: ,
Phone:
Appt. Date/Time:
Fax:

Facility Tax ID
Number:

This was
Cand to Lene ON 8-9-17
② 11:20

REFERRAL

Patrick K. Denton, MD
Orthopaedic Surgery
McLeod Pee Dee Orthopedic Associates
101 JOHNS ST STE 100, FLORENCE, SC-29506-2777
Tel: 843-662-5233 Fax: 843-678-9003

Willie C Powell

Date: 08/09/2017

Patient Information:

Patient Name: Willie C Powell
Patient DOB: [REDACTED]
Patient Insurance: SUMMITT WC
Patient Subscriber
No: [REDACTED]
Patient Address: [REDACTED], Johnsonville, SC, US 29555
Patient Phone: [REDACTED]
Patient Work
Phone:
Patient Cell
Phone:

Insurance Information

Insurance Name: SUMMITT WC
Subscriber Name: Powell, Willie C
Subscriber DOB: [REDACTED]
Subscriber No: [REDACTED]
Subscriber Group
No:
Subscriber
Address: [REDACTED] Johnsonville, SC, US 29555
Subscriber Phone: [REDACTED]

Referral From Information:

Provider Name: Patrick K. Denton, MD
Provider ID
Number:
Provider UPIN:
Provider NPI: 1851391932
Provider Facility: McLeod Pee Dee Orthopedic Associates
Provider
Speciality: Orthopaedic Surgery
Address1: 101 JOHNS ST

Summary View for Powell, Willie C

Page 2 of 2

Plan:

1. Others

Notes: I continue to feel that this patient would benefit from consultation with a neurosurgeon.

Referral To: Florence Neurosurgery Neurosurgery Neurosurgery

Reason: REFERRAL TO FLORENCE NEUROLOGICAL EVALUATION AND TREATMENT [CALL HIS FRIEND LYNN 843-621-8255

Follow Up: Refer to neurosurgeon

Provider: Patrick K. Denton, MD

Patient: Powell, Willie C **DOB:** [REDACTED] **Age:** 08/09/2017

[Handwritten signature]

Electronically signed by PATRICK DENTON, MD on 08/14/2017 at 07:40 AM EDT

Sign off status: Completed

158

13

Progress Notes

Patient: Powell, Willie C

Account Number: [REDACTED]

Provider: Patrick K. Denton, MD

DOB: [REDACTED] Age: 51 Y Sex: Male

Date: 08/09/2017

Phone: [REDACTED]

Address: [REDACTED] Johnsonville, SC-29555

Pcp: Danielle Decamps, MD

Subjective:

Chief Complaints:

1. Right lower leg.

HPI:

Constitutional:

Patient returns today for a follow-up of his right leg symptoms. He states that he has still not been approved to see a neurologist or neurosurgeon. Patient reports that he is scheduled to undergo an EMG/NCS next Monday.

Medical History: Hyperlipidemia, Hypertension.

Surgical History: Left knee surgery, Bilateral cataract surgery.

Family History: Father: deceased. Mother: alive.

Social History:Tobacco Use:

Smoking

Are you a: *current smoker*

How often do you smoke cigarettes? *every day*

How many cigarettes a day do you smoke? *11-20*

How soon after you wake up do you smoke your first cigarette? *6-30 minutes*

Are you interested in quitting? *Not ready to quit*

Drug/Alcohol:

Drugs: Denies

Alcohol

Did you have a drink containing alcohol in the past year? *Yes*

How often did you have a drink containing alcohol in the past year? *Two to four times a month (2 points)*

How many drinks did you have on a typical day when you were drinking in the past year? *3 or 4 (1 point)*

Points *3*

Interpretation *Positive*

Medications: Taking Gabapentin 100 MG Capsule Orally, Taking Atorvastatin Calcium 40 MG Tablet 1 tablet Orally Once a day, Taking Losartan Potassium 25 MG Tablet 1 tablet Orally Once a day, Taking Norco (Acetaminophen-Hydrocodone) 5-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs, Taking Percocet (Oxycodone-Acetaminophen) 10-325 MG Tablet 1-2 tablet as needed Orally every 4-6 hrs, Taking Vallium (Diazepam) 10 MG Tablet 1 tablet as needed Orally Twice a day. Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Wt 165 lbs, Wt-kg 74.84 kg, Ht 5'11, Ht-cm 152.4, BMI 32.22, Temp 98.6, BSA 1.78 M.

Assessment:

Assessment:

1. Injury of unspecified nerve at hip and thigh level, unspecified leg, sequela - S74.90XS (Primary)

I, Deborah Martin, attest that the documentation entered is accurate and reflects the physician's communication to the patient. I Patrick Denton, M.D., hereby attest that the documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me.

159

Summary View for Powell, Willie C

Page 1 of 1

McLeod
Physician Associates

Powell, Willie C

Home
Provider: DENTON, PATRICK KTelephone
Encounter

Answered by Blue, Mamie

Date: 08/14/2017

Time: 11:30 AM

Caller Sara

Message 843-621-8255---Pt was to be referred to Neurosurgeon.....please call with appt date and time....

Action Taken Shirley, Ashley 08/14/2017 03:14:11 PM EDT > Order was sent to scheduler on day of last appt. will let her know Rogers, Chasity 08/14/2017 03:24:38 PM EDT > Patient is a workers comp and i have fax all information to the adjuster. Shirley, Ashley 08/14/2017 04:26:27 PM EDT > Every thing was sent to workers comp adjuster. it will be left up to them for referral to neurosurgeon

Patient: Powell, Willie C DOB [REDACTED] Provider: DENTON, PATRICK K 08/14/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Q: set
to WC adj
& Dr. Naso
W/adjuster WC
& if Dr. Naso will see

Dr. Stokler

Need
EMGScheduled
2x EMGPer new WC
WC Adjlets w know
if need Neuro

Note:
Made every effort
w/ referral to
WC adj

160

45

FAX TRANSMISSION

Date: 8-15-17To: Tom Greene @ 1-888-411-1896

Fax Number: _____

From: Teagle

PEE DEE ORTHOPAEDIC ASSOCIATES

PHONE: (843) 662-5233

FAX: (843) 678-9003 (Administration)

FAX: (843) 679-7112 (Clinical)

Number of pages (including cover sheet): 24

MESSAGE:

Re: Willie Carroll Powell① Office Note of 8-9-17② Referral faxed to Kiama③ Referral faxed to Florence Nease④ Fax I sent to Dr. Naso

This facsimile message is confidential. It may contain information which is privileged or subject to other confidentiality requirements and exemptions from disclosure under applicable law. It is intended solely for the use of the individual named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby advised that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by the telephone and return the original message to us via the U.S. Postal Service. Thank you.

AudioCodes ATA Connector

FAX DELIVERY NOTIFICATION

Account: [REDACTED]

8/15/2017 12:59:07 PM

The following fax was successfully sent to the specified recipient.

Fax Number: 18884111896
Remote CSID: 0 (station ID of receiving fax device)
Pages: 24
Status: No errors

FAX TRANSMISSION DETAILS

Sent On: 8/15/2017 1:04:44 PM
Duration: 465 seconds
Speed: 14400 bps
Retries: 0
Event ID: e97fa685-2a32-4b79-9ad6-89393767574b

FAX TRANSMISSION

Date: 8-15-17

To: Tom Greene @ 1-888-411-1896

Fax Number: [REDACTED]

From: Temple [REDACTED]

PEE DEE ORTHOPAEDIC ASSOCIATES

PHONE: (843) 662-5233

FAX: (843) 678-9903 (Administration)

FAX: (843) 679-7112 (Clinical)

Number of pages (including cover sheet): 24

MESSAGE:

Re: Willie Carroll Powell

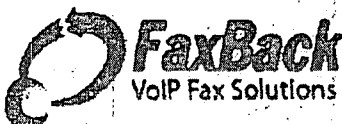
① Office Note of 8-9-17

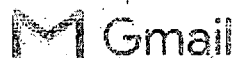
② Referral Letter to Kiana

③ Referral Letter to Florence News

④ For J. Sat. to Dr. Naso

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Thomas Greene <tomgreene925@gmail.com>

CARROLL POWELL

7 messages

Thomas Greene <tomgreene925@gmail.com>

Wed, Aug 16, 2017 at 9:44 AM

To: "brandon.hylton@mgclaw.com" <brandon.hylton@mgclaw.com>

Cc: Debbie Greene <debbiegrene925@yahoo.com>

Brandon, I've just learned that on August 9, 2017, Dr. Patrick Denton, an authorized treating physician pursuant to Commission order, made a referral for Mr. Powell to Dr. William Naso, neurosurgeon, Pee Dee Orthopedics in Florence, South Carolina. (See attached) I have also been advised by Dr. Denton's office that when you're adjuster Kima Lewis, was called to obtain authorization for the referral she stated that she would not authorize an appointment with Dr. Naso.

I will appreciate your confirming whether or not this is in fact true.

Regards, Tom
Thomas W. Greene
Attorney at Law
Greene Law Firm
P.O. Box 688
Johns Island, SC 29457
PH#843-556-7273
FAX#888-411-1896

Brandon Hylton <brandon.hylton@mgclaw.com>

Wed, Aug 16, 2017 at 9:45 AM

To: Thomas Greene <tomgreene925@gmail.com>

Cc: Debbie Greene <debbiegrene925@yahoo.com>

Attachment did not come through.

From: Thomas Greene [mailto:tomgreene925@gmail.com]**Sent:** Wednesday, August 16, 2017 9:45 AM**To:** Brandon Hylton

163

55

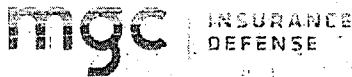
11/13/2017

Gmail - CARROLL POWELL

Cc: Debbie Greene

Subject: CARROLL POWELL

[Quoted text hidden]



Brandon Hylton, Attorney
brandon.hylton@mgclaw.com
501 S. Irby Street 2nd Floor
Florence, SC 29501
Main:843-519-1800 | Direct:843-519-1802 | Fax:800-884-3601
VCARD | BIO

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Please consider the environment before printing this email.

Thomas Greene <tomgreene925@gmail.com>

Wed, Aug 16, 2017 at 9:47 AM

To: "brandon.hylton@mgclaw.com" <brandon.hylton@mgclaw.com>

Please see attached documents that were supposed to calm with the email I just sent you about the referral from Dr. Denton to Dr. Naso
Thomas W. Greene
Attorney at Law
Greene Law Firm
P.O. Box 688
Johns Island, SC 29457
PH#843-556-7273
FAX#888-411-1896

TWG20170816_POWELL.pdf
71K

Thomas Greene <tomgreene925@gmail.com>

Wed, Aug 16, 2017 at 12:02 PM

To: Debbie Greene <debbieg925@yahoo.com>

Thomas W. Greene
Attorney at Law
Greene Law Firm
P.O. Box 688
Johns Island, SC 29457
PH#843-556-7273

164 54

FAX#888-411-1896

[Quoted text hidden]

 TWG20170816_POWELL.pdf
71K

Thomas Greene <tomgreene925@gmail.com>

Fri, Aug 18, 2017 at 11:39 AM

To: "brandon.hylton@mgclaw.com" <brandon.hylton@mgclaw.com>

Brandon, two days ago I sent you information with reference to Dr. Denton's referral of Mr. Powell to Dr. Naso. I asked you please confirm whether or not it was accurate they Kema Lewis told Dr. Denton's office that she was not going to refer him to Dr. Naso.

Unless I receive word that you're not in your office today, if I do not receive a response by the end of business today I will assume that the information I received from Dr. Denton's office is correct. Tom

Thomas W. Greene

Attorney at Law

Greene Law Firm

P.O. Box 688

Johns Island, SC 29457

PH#843-556-7273

FAX#888-411-1896

----- Forwarded message -----

From: **Thomas Greene** <tomgreene925@gmail.com>

[Quoted text hidden]

 TWG20170816_POWELL.pdf
71K

Brandon Hylton <brandon.hylton@mgclaw.com>

Fri, Aug 18, 2017 at 11:40 AM

To: Thomas Greene <tomgreene925@gmail.com>

We are not referring to Naso at this time. Rather, we are proceeding with the deposition of Dr. Denton to clarify treatment recommendations.

165 57

11/13/2017

Gmail - CARROLL POWELL

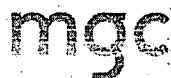
From: Thomas Greene [mailto:tomgreene925@gmail.com]

Sent: Friday, August 18, 2017 11:39 AM

To: Brandon Hylton

Subject: Fwd: CARROLL POWELL

[Quoted text hidden]



INSURANCE
DEFENSE

Brandon Hylton, Attorney
brandon.hylton@mgclaw.com
501 S. Irby Street 2nd Floor
Florence, SC 29501
Main: 843-519-1800 | Direct: 843-519-1802 | Fax: 800-884-3601
VCARD | BIO

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Please consider the environment before printing this email.

Thomas Greene <tomgreene925@gmail.com>
To: Brandon Hylton <brandon.hylton@mgclaw.com>

Mon, Aug 21, 2017 at 9:12 AM

Brandon, forgive my observation, but it appears to me that Dr. Denton's recommendations are about as clear as they could possibly be, of course, I'll be there for his deposition when you schedule it. Tom

Thomas W. Greene
Attorney at Law
Greene Law Firm
P.O. Box 688
Johns Island, SC 29457
PH#843-556-7273
FAX#888-411-1896

[Quoted text hidden]

166

58

FLORENCE NEUROSURGERY & SPINE CENTER

COMPREHENSIVE AND COMPASSIONATE PATIENT CARE

Powell, Carroll W

51 Y old Male, DOB
Account No.

Ho.

Guarantor: Powell, Carroll W Insurance: BCBS FIDELITY

LOCAL 00880 Payer ID: 00880

PCP: Daniel E Decamps, MD Referring: Patrick KERRY Denton, MD

Appointment Facility: Florence Neurosurgery & Spine Center

10/11/2017

Progress Notes: Catherine Soriano, PA

Current MedicationsTaking

- Gabapentin 100 MG Capsule Orally
- Valacyclovir HCl 1 GM Tablet 1 tablet Orally every 24 hrs
- Losartan Potassium 100 MG Tablet 1 tablet Orally Once a day
- Citalopram Hydrobromide 20 MG Tablet 1 tablet Orally Once a day
- Atorvastatin Calcium 20 MG Tablet 1 tablet Orally Once a day
- Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension.

Surgical HistoryEye surgery
knee surgery**Family History**

asthma, heart disease, cancer.

Social HistoryTobacco Use:

Tobacco Use/Smoking Are you a current smoker.

Drugs/Alcohol:

Do you drink alcohol?: Yes.

Miscellaneous:

Marital status: single. Occupation: pipe fitter, geramen.

Allergies

N.K.D.A.

Review of SystemsNeurosurgery ROS:

HEENT: Negative for Double Vision and Visual Loss.

General/Constitutional:

Denies Fever.

Endocrine:

Patient denies cold intolerance, heat intolerance.

Reason for Appointment

1. Right leg pain

History of Present IllnessNew Patient:

He had an accident on the job about a year and half ago he was working overhead and felt a pop in his leg. Since that time he's had shooting pains from his right side of his low back radiating to his foot. He describes his pain predominantly in his right buttock radiating posteriorly down his thigh and posteriolaterally into his calf. He also says he has dysesthesias throughout his right leg but predominantly in his right calf. He has numbness in his third, fourth, and fifth toe of his right foot and numbness in the dorsal surface of the foot and radiating into his posterior calf. The patient says he attempted a nerve conduction study, but could not be completed due to pain. He also reports he has not yet done physical therapy or epidural steroid injections. He is currently taking Lorcet and Percocet without significant relief. He reports trying gabapentin in the past which did not help improve his pain. MRI of the lumbar spine dated October 2016 is available for review. This is relatively unremarkable. There is a mild disc protrusion to the right at L5/S1. He now presents for neurosurgical evaluation.

Vital Signs

BP 124/76 mm Hg, HR 72, Temp 96.2 F, Current Pain scale 8-10, Ht 70 in, Wt 168 lbs, BMI 24.10 Index, Ht-cm 177.8 cm, Wt-kg 76.2 kg.

ExaminationGeneral Examination:

General: Well developed, well nourished 51-year-old white male

Neck: Supple with no carotid bruits.

Chest: Clear to auscultation.

CV: The heart has a regular rate and rhythm.

NEURO/MUSCULOSKELETAL EXAM

Cognitive: The patient is awake, alert, oriented to person, place, time, and situation. The patient's short-term and long-term memory appear preserved. Attention span and concentration are full. Speech is fluent.

Cranial nerves: Pupils are equal and reactive. Extraocular movements are intact. The face is symmetric. The tongue is midline.

Patient: Powell, Carroll W DOE

Progress Note: Catherine Soriano, PA 10/11/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

167

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Respiratory:

Patient denies shortness of breath.

Breast:

Patient denies breast discharge.

Cardiovascular:

Patient denies chest pain.

Gastrointestinal:

Patient denies blood in stool.

Hematology:

Patient denies bleeding problems.

Genitourinary:

Patient denies blood in the urine.

Musculoskeletal:

Neck Pain Denies. Painful joints admits-right leg.

Skin:

Patient denies rash.

Neurologic:

Patient denies incontinence stool and incontinence urine.

Psychiatric:

Patient denies anxiety.

Uvula and palate elevate normally. Shoulder shrug is 5/5.

Motor exam: Both upper and lower extremities have normal bulk and tone with 5/5 strength throughout, including both grips, biceps, triceps, deltoids, iliopectas, quadriceps, hamstrings, gastrocnemius, and anterior tibialis motor groups with good range of motion throughout. His right lower extremity is limited by pain. His strength seems diminished at 4/5 strength in his hamstrings and quadriceps on the right. He has 3/5 strength in his anterior tibialis on the right, and 4/5 strength in his gastrocnemius.

Deep tendon reflexes: 2+/4 throughout

Pathological reflexes: There are no Hoffman signs.

Coordination: No gross dysmetria.

Gait: No ataxia.

Assessments:

1. Spinal stenosis of lumbar region without neurogenic claudication - M48.061 (Primary)
2. Right lumbar radiculopathy - M54.16
3. Lumbar degenerative disc disease - M51.36

MRI of the lumbar spine and lumbar x-rays were available for review today. These were relatively unremarkable, with a very mild disc protrusion to the right at L5/S1. On x-ray there is no instability or gross abnormalities of his bony anatomy. According patient report, he has not received conservative therapy. I would recommend completing a course of physical therapy for 4-6 weeks. I would also recommend a L5/S1 ESI which is to be done under anesthesia. If conservative therapy does not improve his symptoms, we could consider repeating his MRI to see if there is any interval change in his compressive pathology. We will plan on seeing him back in clinic afterwards.

Treatment

1. Spinal stenosis of lumbar region without neurogenic claudication

IMAGING: X ray: Spines, lumbar 4 views 72120

PROCEDURE: PT: Physical Therapy Evaluate and Treat, 4-6 weeks

(Ordered for 10/11/2017)

Referral To: BARBARA SARB

Reason: evaluate for L5/S1 ESI with anesthesia

Follow Up:

4 Months with CS



Electronically signed by CATHERINE SORIANO, PA on
10/14/2017 at 08:05 PM EDT

Electronically co-signed by WILLIAM NASO on 10/16/2017 at
09:09 PM EDT

Sign off status: Completed

Florence Neurosurgery & Spine Center
1204 E CHEVES ST
FLORENCE, SC 29506-2710
Tel: 843-673-0122
Fax: 843-673-0227

Patient: Powell, Carroll W DOB: Progress Note: Catherine Soriano, PA 10/11/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**FLORENCE
NEUROSURGERY
& SPINE CENTER**

COMPREHENSIVE AND COMPASSIONATE PATIENT CARE

Andrew H. Rhee, MD • William B. Naso, MD • Christopher G. Paramore, MD • Barbara Serb, DO
Wade C. Rowell, NP • Catherine Soriano, PA • John Gartung, PA

November 14, 2017

Thomas W. Greene
Green Law Firm
P.O. Box 688
Johns Island SC 29457

Reference: Patient: Carroll Powell
DOB:

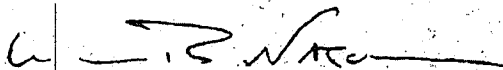
Dear Mr. Greene,

I received your correspondence regarding Carroll Powell. I saw him on October 11, 2017. According to the patient he sustained an on-the-job accident on May 3, 2006 after which he developed back and right leg pain. I reviewed his MRI at that time which demonstrated a lumbar disc protrusion eccentric to the right at L5-S1. He had failed conservative measures to date. He's been seen by multiple providers. It was my opinion at that time that it would be reasonable to consider an L5-S1 epidural steroid injection. I also recommended outpatient physical therapy. As conservative treatment did not lead to meaningful relief of his symptoms, I recommended repeating his MRI to see if there had been any interval progression of his compressive pathology. According to Dr. Denton the patient may have sustained an injury to the peroneal nerve. He suggested an electrodiagnostic study which was not able to be obtained secondary to the patient's ability to tolerate.

The patient's symptoms at this time seem to be multifactorial. If it is true that the patient developed at the time of his injury or shortly thereafter pain that began in the low back radiating down the right leg into the foot and if it is true that he did not have these symptoms pre-injury, then it would be my opinion that his work-related injury is directly related to his symptoms. I would agree with Dr. Denton that it would be helpful for the patient to obtain a nerve conduction study and EMG of the right lower extremity to help sort these issues out further.

If I can answer any further questions concerning this case please do not hesitate to write.

Sincerely,



William B. Naso, M.D.

Lake City Community Hospital
258 North Ron McNair Blvd
Lake City, SC 29560-2462
(843) 374-2036

Bill Date: 06/02/2017
Type: O/P
Page: 1

Willie C Powell

29555

Insurance Name Code/Policy ID
Blue Cross Of So

Physician: Decamps, Daniel E

Patient Name Account# Sex Age Admitted Discharge LOS F/C T
Powell Willie Carroll 29555 53 10/03/16 10/03/16 3PP O

Svc Date	REV	DEPT	Charge #	Description	CPT@/MOD	Qty	Amount
***** Total Charges:							.00
10/03/16	0610	4045	40457060	MRI-LUMBAR WITHOUT CONT	72148	1	2561.25
***** Total Charges:							2561.25
***** Payments / Adjustments to the account *****							
11/22/16	PBCBS			Blue Cross Payment			.00
11/22/16	PBCBS			Blue Cross Payment			.00
11/22/16	ABCBOP			BCBS Contractual OP			617.34-
10/18/16	DECBBS			BLUE CROSS DENIAL			.00
10/04/16	PCC			PAID BY CREDIT CARD			100.00-
***** Total Due On Account:							1843.91

Department Summary of Patient Charges *****
Lch Mri 2,561.25

ACCORDING TO ACT 142 OF THE S.C. GENERAL ASSEMBLY
DURING 1996, ALL RIGHTS TO THIRD PARTY PAYMENT ARE LEGALLY
ASSIGNED TO THE HEALTH & HUMAN SERVICES FINANCE
COMMISSION TO THE EXTENT OF MEDICARE PAYMENTS.
CHECK SHOULD BE MAILED DIRECTLY TO:
HHFSC
ATTN: REPORTING & RECEIVABLES
POST OFFICE BOX 8305
COLUMBIA, SC 29202-8305

CAROLINA RADIOLOGY ASSOCIATES, LLC
P O BOX 678904
DALLAS TX 75267-8904
(800) 841-4236

Patient:

ACCT

NSUNVTIME750-69900

Responsible party:

POWELL, WILLIE C

555

Srvc Date	CPT	Proc. Description	Charge	Balance	Physician
10/03/2016	72148	MRI SPI CANAL&CNTS LMBR	\$363.00	\$132.00	BROWN, MICHAEL H

Payment Information

Insurance Payment: 11/01/2016 of \$0.00 Adjustment: \$237.00
Write Off to MERCHANTS ADJUSTMENT SERVICE 12/26/2016 for \$132.00

TOTAL BALANCE: \$132.00
Print Date: 06/01/2017

Reproduced: Thursday, June 1, 2017 09:12:53 AM (KKILLINGSWORTH)

CAROLINA RADIOLOGY ASSOCIATES, LLC
P O BOX 678904
DALLAS TX 75267-8904
(800) 841-4236

Patient:

Account: [REDACTED]
POWELL, WILLIE C.

[REDACTED] ROAD
29555

Responsible party:

POWELL, WILLIE C

[REDACTED] LAKE ROAD
[REDACTED] SC 29555

Service Date	CPT	Proc. Description	Charge	Balance	Physician
10/03/2016	72146	MRI SP1 CANAL&CHTS LMBR	\$369.00	\$132.00	BROWN, MICHAEL H

Payment Information

Insurance Payment: 11/01/2016 of \$0.00 Adjustment: \$237.00
Write Off to MERCHANTS ADJUSTMENT SERVICE 12/26/2016 for \$132.00

TOTAL BALANCE: \$132.00
Print Date: 06/01/2017

Reproduced: Thursday, June 1, 2017 09:12:53 AM (KKILLINGSWORTH)

WELLS FARGO

Check Details

Check Number

Date Posted

Check Amount

10/17/17

\$300.00

THOMAS W. GREENE, Esq.
GREENE LAW FIRM
CLIENT COST ACCOUNT
P.O. BOX 585
JOHNS ISLAND, SC 29467

WELLS FARGO BANK, N.A.
CHARLESTON, SC
67-775223

9/28/2017

PAY TO THE ORDER OF FLORENCE NEUROSURGERY & SPINE \$ 300.00

Three Hundred and 00/100 DOLLARS

PROTECTED AGAINST FRAUD

FLORENCE NEUROSURGERY & SPINE
1204 CHEVES ST
FLORENCE, SC 29506

NEW PATIENT
POWELL WHITE CARROLL

IAFMO

TRN DEBIT SHANNA
South Florence

*Note

The account number, signature, and endorsement are removed from the image(s) for security reasons. To obtain a full copy of the image, please call us at 1-800-TO-WELLS (1-800-869-3557), 24 hours, 7 days a week.

Equal Housing Lender

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STATE OF SOUTH CAROLINA
BEFORE THE WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1607281

Carroll Powell,)
)
 Claimant,)
)
 v.)
)
 Johnsonville Mechanical Contractors, Inc.,)
)
 Employer,)
)
 Bridgefield Casualty Ins. Co.,)
)
 Carrier,)
 Defendants.)

CONSENT ORDER

This matter arises out of the Defendants' Form 15 section II, stopping temporary total disability benefits and on Claimant's Form 15 III dated August 17, 2016, and Claimant's 15 III dated September 2, 2016. Claimant's Form 15 III dated August 17, 2016, requested a hearing on Defendants' stopping temporary total compensation based on an allegation that Claimant was sleeping on the job. Claimant's 15 III dated September 2, 2016, requested a hearing on Defendants' denial of Claimant's claim based upon a good faith investigation.

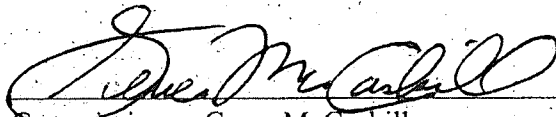
Claimant has filed a Form 50, Request for Hearing dated December 7, 2016, asserting an injury to his low back and right leg with referred pain and numbness into his right leg as a result of an accident occurring on May 3, 2016. Claimant also contests his compensation rate as set by the Defendants.

A hearing was scheduled in this matter for Tuesday, January 10, 2017. Prior to the call of the Hearing the Parties reached an agreement as follows :

1. The Parties have agreed that the Defendants shall obtain an Independent Medical Examination with Bill Edwards, M.D., Pee Dee Spine Center, Florence, South Carolina, with reference to Claimant's back, and an Independent Medical Examination with Patrick K. Denton, M.D., Pee Dee Orthopedic Associates, PA, Florence, South Carolina, with reference to Claimant's right leg.
2. All other issues, including compensability are held in abeyance. The Hearing scheduled for January 10, 2017, is canceled and the file shall be returned to General Files for a reset for a hearing upon request of either party.

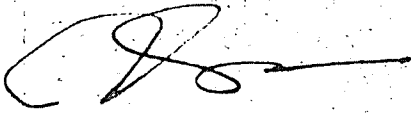
Therefore, the above shall, hereby, become and is the Order of the Commission by consent of all Parties.

IT IS SO ORDERED

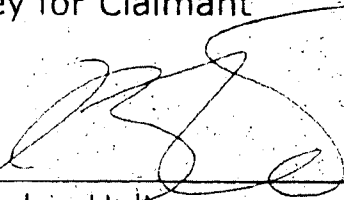

Commissioner Gene McCaskill

January 24, 2017

WE CONSENT:



Thomas W. Greene
Attorney for Claimant



J. Brandon Hyton
Attorney for Defendants

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Kellie Lindler on January 24, 2017

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. 1607281

Carroll Powell, EMPLOYEE,)
)
CLAIMANT,)
VS.)
)
Johnsonville Mechanical Contractors, Inc.)
EMPLOYER,)
)
AND)
)
Bridgefield Casualty Insurance Company)
CARRIER,)
)
DEFENDANTS,)

MOTION ORDER

A Motion regarding the following issue(s) has been received:

X Claimant's Motion for Attorney's Fees.

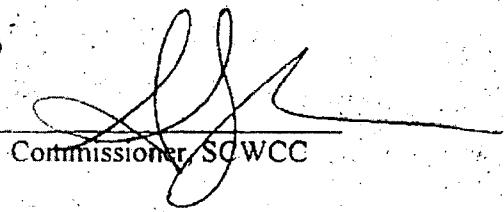
The following dispositions have been made:

Attorney Fees Motion ☒ Denied ☐ Granted

There is no prior Order that Defendants failed
to comply with. The medical treatment
at issue has been denied by Defendants pending
outcome of merits hearing.

Columbia, SC

Dec. 4th
November 2017


Commissioner, SCWCC

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Renee Smith on December 6, 2017

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500 • Post Office Box 1715

Columbia, South Carolina 29202-1715

(803) 737-5723 www.wcc.sc.govWCC File #: **1607281**

Carrier File #:

Carrier Code #:

Employer FEIN #:

Claimant's Name: Carroll Powell SSN: [REDACTED]Employer's Name: Johnsonville Mechanical Contractors, Inc.Address: [REDACTED]Address: PO Box 97City: Johnsonville State: SC Zip: 29555City: Johnsonville State: SC Zip: 29555

Home Phone: () - Work Phone: () -

Insurance Carrier: Bridgefield Casualty Ins. Co./SummitPreparer's Name: Thomas W. Greene Law Firm: Greene Law FirmPreparer's Phone #: (843) 556 - 7273**A claim for workers' compensation benefits is made based on the following grounds:****Date of Injury or Illness: 05/03/16**☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction1. The claimant sustained an injury to his low back with referred pain/numbness to his right leg on 05/03/16 in Florence county, state of South Carolina.2. Body part(s) affected are: Claimant's back and right leg.Briefly describe how the accident occurred. Claimant was working up high and was straddling a pipe. His legs were wrapped around the pipe and when he sat up he felt pain in his right leg and then into his back.

3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.

4. The relationship of employer and employee existed at the time of injury.

5. At the time of the injury the claimant was performing services arising out of and in the course of employment.

6. Notice of the accidental injury was given to the Employer on 05/03/16 in the following manner:
Verbally☒ 7. Due to injury, the claimant is in need of (check one):☒ (a) medical examination and treatment for: low back pain and referred pain/numbness into right lower extremity☐ (b) additional medical examination and treatment for: _____☐ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: _____☐ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):☐ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss9a. ☒ A determination of permanent disability is premature at this time.☒ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
N/A10a. At the time of the injury, the Claimant was paid weekly wages of \$685.75, and demands accounting of days worked and wages earned as provided by law.10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
N/A

11. Further grounds or unusual aspects of claim:

As of August 31, 2016, this claim is denied. Also, Claimant's compensation rate needs to be revised to reflect an average weekly wage of \$685.75.11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Pee Dee Family Practice; Pain Specialists of Charleston; Lake City Community Hospital; and Southeastern Spine Institute11b. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe: _____

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. I am filing a claim. I am not requesting a hearing at this time.14. Estimated time needed for hearing: 1 1/2 hours☒ 13b. I am requesting a hearing. A \$25 fee is required.☐ **Mediation**☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.☐ b. Mediation is required pursuant to Reg. 67-1802.☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.Questions regarding mediation may be submitted to mediation@wcc.sc.gov.I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to J. Brandon Hylton, Esquire, McAngus Goudelock & Courie, LLCat PO Box 7488, Florence, SC 29502 on the 7th day of December 20 16, by ☒ first class postage ☐ certified mail ☐ personal service.

I certify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature [Signature]

Attorney for the Claimant

Title

tomgreene925@gmail.com

Email

12/07/16

Date

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500 • Post Office Box 1715

Columbia, South Carolina 29202-1715

(803)737-5723 www.wcc.sc.gov



WCC File #: 1607281

Carrier File #: 0196-115-28386-0000-

Carrier Code #:

Employer FEIN #:

Claimant's Name: Willie Carroll Powell SSN [redacted] Employer's Name: Johnsonville Mechanical Contractors, Inc.
Address: Johnsonville, South Carolina 29555 Address: Post Office Box 97
Johnsonville, South Carolina 29555
Home Phone: [redacted] Work Phone #: [redacted]
Date of Injury: 5/3/16 Insurance Carrier: Bridgefield Casualty Insurance Company c/o Summit
Preparer's Name: J. Brandon Hylton Law Firm: McAngus Goudelock & Courie Preparer's Phone #: (843) 519-1802

Date of Injury or Illness: 5/3/16

Estimated time for hearing: 1 hour

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer-Carrier in answer to the claim, respectfully shows:

1. It is ☐ Admitted ☒ Denied the employee sustained an injury or illness on or about the date set forth in the application. The reasons for denial are: Defendants are investigating whether or not Claimant aggravated prior conditions in this alleged accident.
2. It is ☒ Admitted ☐ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is ☒ Admitted ☐ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is ☒ Admitted ☐ Denied at the time in question the employee was performing service arising out of and in the course of employment. The reasons for denial are:
5. It is ☒ Admitted ☐ Denied notice of injury was given the employer. The reasons for denial are:
6. It is ☐ Admitted ☒ Denied the employee ☐ needs ☐ is entitled to additional medical care as a result of injury or illness. The reasons for denial are:
See #1.
7. It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of:
8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are:
See #1.
9. It is ☐ Admitted ☒ Denied the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$ 446.48 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: [Signature] Attorney for Employer/Carrier: brandon.hylton@mgclaw.com
Title: Email:

January 6, 2017
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Legal Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

WCC Form # 51
Revised 7/13

51**Employer's Answer to Request for Hearing**

180

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov

WCC File #: **1607281**Carrier File #: **0196-15-28386**

Carrier Code #:

Employer FEIN #:

Claimant's Name: Willie Carroll PowellSSN: [REDACTED]Employer's Name: Johnsonville Mechanical Contractors, Inc.Address: [REDACTED]Address: PO Box 97City: Johnsonville State: SC Zip: 29555City: Johnsonville State: SC Zip: 29555

Home Phone: () - - Work Phone: () - -

Insurance Carrier: Bridgefield Casualty Ins. Co.Preparer's Name: Thomas W. GreeneLaw Firm: Greene Law FirmPreparer's Phone #: (843) 556 - 7273**A claim for workers' compensation benefits is made based on the following grounds:**Date of Injury or Illness: 05/03/16
☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction
1. The claimant sustained an injury to his right calf/leg, back and hands on May 3, 2016 in Florence county, state of South Carolina.2. Body part(s) affected are: Claimant's right calf/leg, back and hands.Briefly describe how the accident occurred. Claimant had his legs wrapped around a pipe and was laying back and when he went to sit up he felt something pop in the back of his right calf. Claimant then began having low back pain with pain radiating down his left leg.

3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.

4. The relationship of employer and employee existed at the time of injury.

5. At the time of the injury the claimant was performing services arising out of and in the course of employment.

6. Notice of the accidental injury was given to the Employer on 05/03/16 in the following manner:
verbally
☒ 7. Due to injury, the claimant is in need of (check one):

☐ (a) medical examination and treatment for: _____

☒ (b) additional medical examination and treatment for: Claimant's low back and legs as recommended by Claimant's authorized treating physicians.
☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
To be determined
☐ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☐ (1) General Disability: ☐ Total ☐ Partial

☐ (2) Specific Disability: ☐ Total ☐ Partial

☐ (3) Wage Loss
9a. ☐ A determination of permanent disability is premature at this time.10a. At the time of the injury, the Claimant was paid weekly wages of \$to be determined, and demands accounting of days worked and wages earned as provided by law.10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
N/A

11. Further grounds or unusual aspects of claim:

☒ Patrick Denton, M.D., Claimant's authorized treating physician referred Claimant to a neurosurgeon and for an EMG. Defendants' adjuster has refused to authorize. If Claimant pays for treatment recommended he seeks reimbursement from the Defendants.

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:

Pee Dee Family Practice; Inmed Diagnostic Services; David Stickler, M.D.; Lake City Community Hospital; Southeastern Spine Institute; and Pee Dee Orthopaedic Associates
11b. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe: _____

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. I am filing a claim. I am not requesting a hearing at this time.
14. Estimated time needed for hearing: 1 hour
☒ 13b. I am requesting a hearing. A \$25 fee is required.
☐ **Mediation**
☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801-B.

☐ b. Mediation is required pursuant to Reg. 67-1802.

☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.
Questions regarding mediation may be submitted to mediation@wcc.sc.gov.I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to J. Brandon Hylton, Esq., McAnugus Goudelock & Courieaddress: PO Box 7499, Florence, SC 29502 on the 18th day of August, 2017, by ☒ first class postage ☐ certified mail ☐ personal service.

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature

Attorney for the Claimant

tomgreene925@gmail.com

August 18, 2017

Title

Email

Date

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211, and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 7/13

50

Employee's Notice of Claim and/or
Request for Hearing

181



Carrier File #: 0196-115-28386-0000-
Carrier Code #:
Employer FEIN #:

Claimant's Name: Willie Carroll Powell SSN [redacted]
Address: [redacted] Johnsonville, South Carolina 29555
Home Phone: [redacted] Work Phone # [redacted]

Employer's Name: Johnsonville Mechanical Contractors, Inc.
Post Office Box 97
Address: Johnsonville, South Carolina 29555

Date of Injury: 5/3/16 Insurance Carrier: Bridgefield Casualty Insurance Company c/o Summit
Preparer's Name: J. Brandon Hylton Law Firm: McAngus Goudelock & Courie Preparer's Phone #: (843) 519-1802

Date of Injury or Illness: 5/3/16 Estimated time for hearing: 1 hour

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer-Carrier in answer to the claim, respectfully shows:

1. It is ☐ Admitted ☒ Denied the employee sustained an injury or illness on or about the date set forth in the application. The reasons for denial are: Admitted as to Right leg, only. All other alleged body parts are denied.
2. It is ☒ Admitted ☐ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is ☒ Admitted ☐ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is ☒ Admitted ☐ Denied at the time in question the employee was performing service arising out of and in the course of employment. The reasons for denial are:
5. It is ☒ Admitted ☐ Denied notice of injury was given the employer. The reasons for denial are:
6. It is ☐ Admitted ☒ Denied the employee ☐ needs ☐ is entitled to additional medical care as a result of injury or illness. The reasons for denial are:
TBD after Deposition of Dr. Patrick Denton.
7. It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of:
8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are:
Premature.
9. It is ☐ Admitted ☒ Denied the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$ 446.48 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature [Signature]

Attorney for Employer/Carrier
Title

brandon.hylton@mgclaw.com
Email

September 11, 2017
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.



PRE-HEARING BRIEF
WCC File No: 1607281

Claimant's Name: Willie Carroll Powell SSN: [REDACTED]
Address: Johnsonville, South Carolina 29555
Home Phone: [REDACTED] Work Phone: [REDACTED]
Preparer's Name: J. Brandon Hylton

Employer's Name: Johnsonville Mechanical Contractors, Inc.
Post Office Box 97
Address: Johnsonville, South Carolina 29555
Carrier: Bridgefield Casualty Insurance Company c/o Summit
Preparer's Phone #: (843) 519-1802

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Comp. Rate: \$TBD 2. AWW: \$ TBD Date of Injury: 05/03/16
3. Type of injury and body part(s): Right leg (Admitted); Back claim (Denied)
4. Facts in controversy: Whether or not Claimant sustained a compensable injury to his back; Whether or not Claimant is entitled to any back pay TTD.
5. Legal issues involved: 42-1-168; 42-9-30.
6. Unusual aspects: Defendants assert Claimant's Attorney failed to submit APA Submissions timely.
7. Witnesses (designate if expert): * Possibly, Employer Representative.
8. Exhibits: Payroll Records of Claimant; Deposition Transcript of Claimant.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
Records of Pee Dee Family Practice; Records of Neurology Specialists of Charleston; Records of Pee Dee Orthopaedic Associates.
10. Name, address, and specialty, if any, of the treating physician: Dr. Patrick Denton and Dr. W.S. "Bill" Edwards; Pee Dee Orthopaedic Associates
101 Johns Street, Suite 100, Florence, SC 29506
11. Impairment rating(s); body part(s); physician and date of opinion: 8%; Right Lower Extremity; Dr. W.S. "Bill" Edwards, M.D.; February 2, 2017

12. I am amending my Form 50/51 in the following manner: _____

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801-B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-4803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I verify the contents of this form are accurate and true to the best of my knowledge.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Thomas W. Greene, Greene Law Firm

Post Office Box 688
address Johns Island, South Carolina 29457 on the 20th day of March, 20 17
by ☒ first class postage ☐ certified mail ☐ personal service.

Signature: [Signature]
Date of Hearing: March 30, 2017

Email: brandon.hylton@mgclaw.com
Time needed for hearing: 1 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211, 67-211, and Regulations 67-601 through 67-615; as well as Reg. 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. Commissioners reserve the right to admit expert witnesses at hearings.



Claimant's Name: Carroll Powell Employer's Name: Johnsonville Mechanical Contractors, Inc.
Address: [REDACTED] Address: PO Box 97
City: Johnsonville State: SC Zip: 29555 City: Johnsonville State: SC Zip: 29555
Home Phone: () Work Phone: () Carrier: Bridgefield Casualty Ins. Co.
Preparer's Name: Thomas W. Greene Preparer's Phone #: (843) 556-7273

A claim for workers' compensation benefits is made based on the following grounds:

X Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$457.20 2. AWW: 685.75 Date of Injury: 05/03/16
3. Type of injury and body part(s): Claimant injured his low back and right leg with numbness and tingling into the toes and foot. Claimant sustained compartment syndrome in his right leg. Also suffers from depression.
4. Facts in controversy: See attached.
5. Legal issues involved: Compensation rate and additional medical treatment.
6. Unusual aspects: Within the first 150 days, Defendants stopped temporary total disability benefits for 90 days and failed to file Form 15 II.
7. Witnesses (designate if expert):* Carroll Powell; Lynn Miles; David Newton & Tyler Edwards
8. Exhibits: All APA Submissions attached hereto.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
All APA Submissions attached hereto.
10. Name, address, and specialty, if any, of the treating physician: Pee Dee Family Practice; Inmed Diagnostic Services; Pain Specialists of Charleston, David Stickler, M.D.; Lake City Community Hospital; Southeastern Spine Institute, Steven C. Poletti, M.D.; and Patrick Denton, M.D.
11. Impairment rating(s); body part(s); physician and date of opinion: 10% whole person by Steven C. Poletti, M.D.; on 10/20/16. "I do think that he has an impairment currently to be 10% to the whole person, potentially higher should this causalgia or persistent swelling and edema remain permanent as a consequence of this."
12. I am amending my Form 50/51 in the following manner: _____

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to J. Brandon Hyton, Esq., McAnus Goudelock & Courie
Address PO Box 7489, Florence, SC 29502 on the 15 day of March 2017, by: X first class postage ☐ certified mail ☐ personal service X
electronic service

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: [Signature] Email: tomgreene925@gmail.com
Date of hearing: March 30, 2017 Time needed for hearing: 60 minutes

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

FACTS IN CONTROVERSY

1. Stopped payment of temporary total disability benefits during first 150 days without filing Form 15 II. Penalties sought.

On or about Friday, August 12, 2016, the Claimant, Carroll Powell, was advised by his Employer that he was being suspended for 90 days. The Carrier terminated the Claimant's temporary disability benefits, but has never filed a Form 15 II as is required when benefits are suspended within the first 150 days. (All applicable penalties are requested) The Claimant has been employed by the Employer for 16 years. He is a pipe fitter by trade. He was injured on May 3, 2016, and was working light duty when he was accused of sleeping on the job. At that time the Claimant was taking Percocet and Valium for pain and he advised his boss of this fact when he returned to light duty. Two fellow employees, David Newton and Tyler Edwards, have given sworn Affidavits and Deposition testimony that at no time was the Claimant sleeping on the job. The Claimant did not constructively refuse employment as defined in §42-9-1-90 (See: *Davis v. UniHealth Post Acute Care* 741 SE2d 770 (2013 Ct.App.))

2. Correction of average weekly wage average weekly wage of \$685.75 yielding a compensation rate of \$457.20.

On 6/30/16 Defendants designated an average weekly wage of \$506.69 and subsequently reduced the average weekly wage to \$446.48 yielding a compensation rate of \$253.02. Based upon Claimant's earnings during the 52 weeks immediately prior to the date of his injury he earned a total of \$35,659.75 yielding an average weekly wage of \$685.76 yielding a compensation rate of \$457.20. In 2015 Claimant had gross earnings of \$33,615.00 yielding a compensation rate of \$430.91. The Claimant request that his compensation rate be set at \$457.20. The amount which the injured employee would be earning were it not for the injury. S.C. Code of Laws section 42-1-40 (1996) "The objective of wage calculation is to arrive at a fair approximation of the workers' compensation claimant's probable future earning capacity". *Brown v. Peoplease Corp.* (S.C. App. 2013) 402 S.C. 476, 741 S.E.2d 761.

3. Claimant request that Patrick K. Denton, M.D., be designated his authorized treating physician.

Dr. Denton has opined that the Claimant "... has a neurologic injury most likely to the peroneal nerve or at the tibial nerve peroneal nerve junction.... I believe he needs continued evaluation of his tibial and peroneal nerve especially his peroneal nerve. It would be very helpful for him to have an EMG nerve conduction study.... In addition he may benefit from an AFO if he has difficulty ambulating with regards to the weakness in his foot. I believe he continues to have radicular pain in his lower extremity... He may benefit from selective nerve blocks to see if this would lessen his symptoms.... I wonder if he did not compress the peroneal nerve against the pipe that he was hanging from. I think his workup should be continued with either neurology or possibly neurosurgery for peripheral nerve injury."

STATE OF SOUTH CAROLINA
BEFORE THE WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1607281

Carroll Powell,

Claimant,

vs.

Johnsonville Mechanical Contractors,

Employer,

Bridgefield Casualty Ins. Co.,

Carrier,
Defendants.

NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORTS
TO BE INTRODUCED AS DIRECT
EVIDENCE ON BEHALF OF
CLAIMANT

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND J. BRANDON HYLTON, ESQUIRE,
ATTORNEY FOR DEFENDANTS:

YOU ARE HEREBY NOTIFIED THAT THE CLAIMANT pursuant to the provisions of the South Carolina
Workers' Compensation Act and S.C. Code Ann. §1-23-330 (1985), herewith submits the following
reports/physician or other evidence on behalf of the Claimant, to wit:

<u>NAME OF PHYSICIAN/OTHER</u>	<u>DATE OF REPORT</u>	<u>PAGE NUMBERS</u>
1. Pee Dee Family Practice	05/27/16-07/06/16	1-5
2. Letter to Daniel E. DeCamps, M.D. &	09/06/16	6-7
Response from Daniel E. DeCamps, M.D.	09/09/16	8-9
3. Inmed Diagnostic Services	06/22/16	10
4. Pain Specialists of Charleston-Dr. Stickler	07/21/16-08/09/16	11-24
5. Lake City Community Hospital	10/03/16	25-26
6. Southeastern Spine Institute	10/20/16	27-28
7. First Report of Injury	06/14/16-07/08/16	29-31
8. Form 15-Request for Hearing	08/17/16	32-33
Form 15-Request for Hearing	08/31/16	34
9. Affidavit of David Newton	08/18/16	35-36
10. Affidavit of Tyler Edwards	08/18/16	37-38
11. Pee Dee Spine Center Therapy Prescription	03/02/17	39
12. Patrick K. Denton, M.D.	03/01/17	40-42
13. Carroll Powell- Wages 52 Weeks Prior to Injury	05/03/15-04/30/16	43-44
14. Wages for Similar Employee-David Denton		45
15. Carroll Powell 2015 Tax Return & W-2		46-47

EXHIBITS:

- A. Deposition of David Newton
- B. Deposition of Tyler Edwards

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not
and medical reports.
Commissioners reserve the right to admit expert witnesses at hearings.

YOU ARE FURTHER HEREBY NOTIFIED that you have the right of cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any physicians or other person(s) whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, will be submitted at the Hearing before the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant.



THOMAS W. GREENE
PO BOX 688
JOHNS ISLAND, SC 29457
(843) 556-7273; (888) 411-1896 (Fax)
ATTORNEY FOR CLAIMANT

Charleston, South Carolina

March 18, 2017

this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. Commissioners reserve the right to admit expert witnesses at hearings.

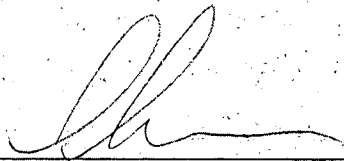
CERTIFICATE OF MAILING

I, the undersigned, of Greene Law Firm, for Thomas W. Greene, attorney for the Claimant, do hereby certify that I have served counsel of record with the following document(s) by emailing a copy of the same to *brandon.hylton@mgclaw.com*

Pleading(s): PRE HEARING BRIEF, WITH SUPPORTING DOCUMENTS
 NOTICE OF WITNESSES AND MEDICAL SUBMISSIONS APA

Counsel Served:

J. Brandon Hylton, Esquire
McAngus Goudelock & Courie
PO Box 7489
Florence, SC 29502



Debbie Greene

Paralegal

Charleston, SC

March 18, 2017



Claimant's Name: Carroll Powell

Address: [REDACTED]

City: Johnsonville State: SC Zip: 29555

Home Phone: () - Work Phone: () -

Preparer's Name: Thomas W. Greene

Employer's Name: Johnsonville Mechanical Contractors, Inc.

Address: PO Box 97

City: Johnsonville State: SC Zip: 29555

Carrier: Bridgefield Casualty Ins. Co.

Preparer's Phone #: (843) 556-7273

A claim for workers' compensation benefits is made based on the following grounds:

X Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$457.20 2. AWW: \$685.76 Date of Injury: 05/03/16
3. Type of injury and body part(s): Claimant injured his right leg with numbness and tingling into the toes and foot. Claimant sustained compartment syndrome in his right leg.
4. Facts in controversy: See attached.
5. Legal issues involved: Compensation rate and additional medical treatment.
6. Unusual aspects: Within the first 150 days, Defendants stopped temporary total disability benefits for 90 days and failed to file Form 15 II.
7. Witnesses (designate if expert): * Carroll Powell; Lynn Miles; David Newton & Tyler Edwards
8. Exhibits: All APA Submissions attached hereto.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
All APA Submissions attached hereto.
10. Name, address, and specialty, if any, of the treating physician: Pee Dee Family Practice; Inmed Diagnostic Services; Pain Specialists of Charleston, David Stickler, M.D.; Lake City Community Hospital; Southeastern Spine Institute, Steven C. Poletti, M.D.; and Patrick Denton, M.D.
11. Impairment rating(s); body part(s); physician and date of opinion: 10% whole person by Steven C. Poletti, M.D., on 10/20/16. "I do think that he has an impairment currently to be 10% to the whole person, potentially higher should this causalgia or persistent swelling and edema remain permanent as a consequence of this."
12. I am amending my Form 50/51 in the following manner: _____

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to J. Brandon Hylton, Esq., McAnus Goudelock & Courie
Address PO Box 7489, Florence, SC 29502 on the 28th day of March 2017, by: X first class postage ☐ certified mail ☐ personal service X
electronic service

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: Thomas W. Greene

Date of hearing: March 30, 2017

Email: tomgreene925@gmail.com

Time needed for hearing: 60 minutes

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

FACTS IN CONTROVERSY

1. Stopped payment of temporary total disability benefits during first 150 days without filing Form 15 II. Penalties sought.

On or about Friday, August 12, 2016, the Claimant, Carroll Powell, was advised by his Employer that he was being suspended for 90 days. The Carrier terminated the Claimant's temporary disability benefits, but has never filed a Form 15 II as is required when benefits are suspended within the first 150 days. (All applicable penalties are requested) The Claimant has been employed by the Employer for 16 years. He is a pipe fitter by trade. He was injured on May 3, 2016, and was working light duty when he was accused of sleeping on the job. At that time the Claimant was taking Percocet and Valium for pain and he advised his boss of this fact when he returned to light duty. Two fellow employees, David Newton and Tyler Edwards, have given sworn Affidavits and Deposition testimony that at no time was the Claimant sleeping on the job. The Claimant did not constructively refuse employment as defined in §42-9-1-90 (See: *Davis v. UniHealth Post Acute Care* 741 SE2d 770 (2013 Ct.App.))

2. Correction of average weekly wage average weekly wage of \$685.76 yielding a compensation rate of \$457.20.

On 6/30/16 Defendants designated an average weekly wage of \$506.69 and subsequently reduced the average weekly wage to \$446.48 yielding a compensation rate of \$253.02. Based upon Claimant's earnings during the 52 weeks immediately prior to the date of his injury he earned a total of \$35,659.75 yielding an average weekly wage of \$685.76 yielding a compensation rate of \$457.20. In 2015 Claimant had gross earnings of \$33,615.00 yielding a compensation rate of \$430.91. The Claimant request that his compensation rate be set at \$457.20. The amount which the injured employee would be earning were it not for the injury. S.C. Code of Laws section 42-1-40 (1996) "The objective of wage calculation is to arrive at a fair approximation of the workers' compensation claimant's probable future earning capacity". *Brown v. Peoplease Corp.* (S.C. App. 2013) 402 S.C. 476, 741 S.E.2d 761.

3. Claimant request that Patrick K. Denton, M.D., be designated his authorized treating physician.

Dr. Denton has opined that the Claimant "... has a neurologic injury most likely to the peroneal nerve or at the tibial nerve peroneal nerve junction.... I believe he needs continued evaluation of his tibial and peroneal nerve especially his peroneal nerve. It would be very helpful for him to have an EMG nerve conduction study.... In addition he may benefit from an AFO if he has difficulty ambulating with regards to the weakness in his foot. I believe he continues to have radicular pain in his lower extremity... He may benefit from selective nerve blocks to see if this would lessen his symptoms.... I wonder if he did not compress the peroneal nerve against the pipe that he was hanging from. I think his workup should be continued with either neurology or possibly neurosurgery for peripheral nerve injury."

STATE OF SOUTH CAROLINA
BEFORE THE WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1607281

Carroll Powell,

Claimant,

vs.

Johnsonville Mechanical Contractors,

Employer,

Bridgefield Casualty Ins. Co.,

Carrier,
Defendants.

AMENDED
NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORTS
TO BE INTRODUCED AS DIRECT
EVIDENCE ON BEHALF OF
CLAIMANT

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND J. BRANDON HYLTON, ESQUIRE,
ATTORNEY FOR DEFENDANTS:

YOU ARE HEREBY NOTIFIED THAT THE CLAIMANT pursuant to the provisions of the South Carolina
Workers' Compensation Act and S.C. Code Ann. §1-23-330 (1985), herewith submits the following
reports/physician or other evidence on behalf of the Claimant, to wit:

<u>NAME OF PHYSICIAN/OTHER</u>	<u>DATE OF REPORT</u>	<u>PAGE NUMBERS</u>
1. Pee Dee Family Practice	05/27/16-07/06/16	1-5
Letter to Daniel E. DeCamps, M.D. &	09/06/16	6-7
Response from Daniel E. DeCamps, M.D.	09/09/16	8-9
3. Inmed Diagnostic Services	06/22/16	10
4. Pain Specialists of Charleston-Dr. Stickler	07/21/16-08/09/16	11-24
5. Lake City Community Hospital	10/03/16	25-26
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7. First Report of Injury	06/14/16-07/08/16	29-31
8. Form 15-Request for Hearing	08/17/16	32-33
Form 15-Request for Hearing	08/31/16	34
9. Affidavit of David Newton	08/18/16	35-36
10. Affidavit of Tyler Edwards	08/18/16	37-38
11. Pee Dee Spine Center Therapy Prescription	03/02/17	39
12. Patrick K. Denton, M.D.	03/01/17	40-42
13. Carroll Powell-		
Wages 52 Weeks Prior to Injury	05/03/15-04/30/16	43-44
14. Wages for Similar Employee-David Denton		45
15. Carroll Powell 2015 Tax Return & W-2		46-47

EXHIBITS:

- A. Deposition of David Newton
- B. Deposition of Tyler Edwards

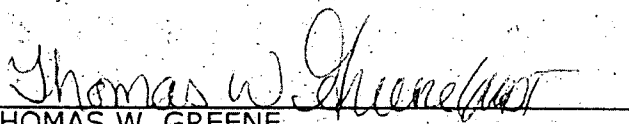
File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not
send medical reports.

Commissioners reserve the right to admit expert witnesses at hearings. **AMENDED**

YOU ARE FURTHER HEREBY NOTIFIED that you have the right of cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any physicians or other person(s) whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, will be submitted at the Hearing before the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant.


THOMAS W. GREENE
PO BOX 688
JOHNS ISLAND, SC 29457
(843) 556-7273; (888) 411-1896 (Fax)
ATTORNEY FOR CLAIMANT

Charleston, South Carolina

March 28, 2017

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.

Commissioners reserve the right to admit expert witnesses at hearings. **AMENDED**

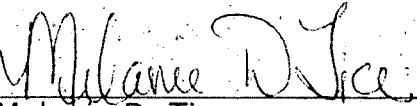
CERTIFICATE OF MAILING

I, the undersigned, of Greene Law Firm, for Thomas W. Greene, attorney for the Claimant, do hereby certify that I have served counsel of record with the following document(s) by mailing a copy of the same by United States Mail, postage prepaid, to the following address:

Pleading(s): AMENDED PRE HEARING BRIEF, WITH SUPPORTING DOCUMENTS
NOTICE OF WITNESSES AND MEDICAL SUBMISSIONS APA

Counsel Served:

J. Brandon Hylton, Esquire
McAngus Goudelock & Courie
PO Box 7489
Florence, SC 29502



Melanie D. Tice
Paralegal

Charleston, SC

March 28, 2017



PRE-HEARING BRIEF
WCC File No: 1607281

Claimant's Name: Willie Carroll Powell SSN:

Employer's Name: Johnsonville Mechanical Contractors, Inc.

Address: Johnsonville, South Carolina 29555

Post Office Box 97
Address: Johnsonville, South Carolina 29555

Home Phone: Work Phone:

Carrier: Bridgefield Casualty Insurance Company c/o Summit

Preparer's Name: J. Brandon Hylton

Preparer's Phone #: (843) 519-1802

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Comp. Rate: \$297.67 2. AWW: \$ 446.48

Date of Injury: 05/03/16

3. Type of injury and body part(s): Right lower extremity (Admitted); Back (Denied)

4. Facts in controversy: Whether or not Claimant has evidence to support a compensable injury to the back; Whether or not Claimant is entitled to additional medical treatment for his back; Whether or not Claimant sought treatment outside of the Workers' Compensation Act.

5. Legal issues involved: 42-1-160; 42-9-30; 42-9-35; 42-15-60

6. Unusual aspects: Defendants are arranging an evaluation of Claimant's peroneal nerve with Dr. Scott Boyd.

7. Witnesses (designate if expert): * Possibly Employer Representative.

8. Exhibits:

9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):

Records of: Pee Dee Family Practice; Records of Dr. David Stickler, Neurology Specialists of Charleston; Records of Dr. W.S. Edwards, Pee Dee Spine Center; Records of Dr. Patrick K. Denton, McLeod Orthopaedics; Transcript of Dr. Patrick K. Denton's deposition.

10. Name, address, and specialty, if any, of the treating physician:

Dr. Patrick K. Denton, Pee Dee Orthopaedic Associates, 101 Johns Street, Suite 100 Florence, SC 29506

Dr. W.S. Edwards, Pee Dee Spine Center, 901 E. Cheves Street, Suite 100 Florence, SC 29506

11. Impairment rating(s); body part(s); physician and date of opinion:

12. I am amending my Form 50/51 in the following manner:

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-4803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I verify the contents of this form are accurate and true to the best of my knowledge.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Thomas W. Greene, Greene Law Firm

Post Office Box 688

address Johns Island, South Carolina 29457

on the 20th day of November 20 17

by ☒ first class postage ☐ certified mail ☐ personal service.

Signature:

Email: brandon.hylton@mgclaw.com

Date of Hearing: November 30, 2017

Time needed for hearing: 1 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211, 67-211, and Regulations 67-601 through 67-615, as well as Reg. 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. *Commissioners reserve the right to admit expert witnesses at hearings.

STATE OF SOUTH CAROLINA
BEFORE THE WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1607281

Carroll Powell,	)
	)
Claimant,	)
	)
v.	)
	)
Johnsonville Mechanical Contractors, Inc.,	)
	)
Employer,	)
	)
Bridgefield Casualty Ins. Co.,	)
	)
Carrier,	)
Defendants.	)

MOTION FOR ATTORNEY'S FEES

The Claimant, Carroll Powell, hereby moves pursuant to SC Code Sec. 42-3-175 (A)(1) for an award of attorneys' fees to be paid by Bridgefield Casualty Insurance Company c/o Summit and its adjuster, Kiema Lewis, who without good cause failed to authorize and/or pay for authorized medical treatment upon the following grounds:

- 1) Authorized treating physician, David Stickler, M.D., ordered an MRI of Claimant's lumbar region which the Defendants refused to authorize, thus requiring Claimant to personally become indebted in the amount of \$2,212.91 to obtain the MRI. (APA 2, p.19)
- 2) On May 9, 2016, the Claimant was seen by authorized treating physician, Patrick K. Denton, M.D. On June 27, 2017, Dr. Denton referred Claimant to William Naso, M.D., with Florence Neurosurgery. (APA 3, p.25) The Defendants refused to authorize this referral, thereby, requiring Claimant to incur a \$300 fee for being seen by Dr. Naso.

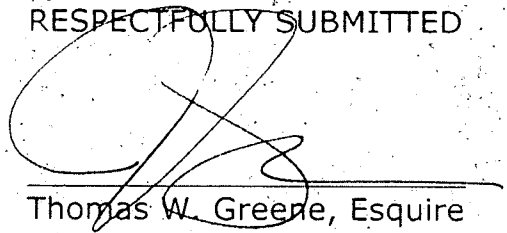
3) Dr. Naso ordered a period of physical therapy and an epidural steroid injection both of which the Defendants denied authorization. (APA 5, p.51)

4) The undersigned attorney for the Claimant is informed and believes that he has expended at least three billable hours in obtaining documentation and bringing this matter before the Commission. He, therefore, requests an award of attorney's fees in the amount of \$1,050.00

5) The undersigned has practiced Workers' Compensation Law for 51 years. I have held numerous offices including the Presidency of the Claimant's Association and I have spoken at numerous workers' compensation seminars. I am in good standing as a member of the South Carolina Bar Association.

6) The Claimant has been required to incur indebtedness, outlined above, to pay for a portion of the treatment ordered by authorized physicians and is informed and believes that the Defendants should reimburse him for these expenditures.

RESPECTFULLY SUBMITTED



Thomas W. Greene, Esquire
PO Box 688
Johns Island, SC 29457
(843) 556-7273 Phone
(888) 411-1896

Attorney for Claimant

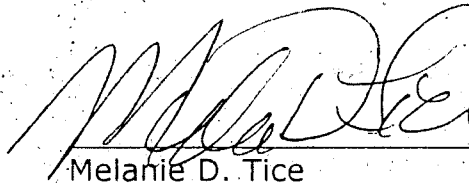
November 24, 2017

Charleston, SC

CERTIFICATE OF MAILING

The undersigned certifies that she is an employee of Thomas W. Greene, GREENE LAW FIRM and that the attached **Motion** was served upon the Attorney for the Employer-Carrier, this 24th day of November, 2017, VIA E-Mail and by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

J. Brandon Hylton, Esquire
McAngus Goudelock & Courie
PO Box 7489
Florence, SC 29502



Melanie D. Tice
Paralegal to Thomas W. Greene

Charleston, SC

November 24, 2017

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1607281

CARROLL POWELL,	)	
	)	
CLAIMANT,	)	
	)	
VS.	)	TRANSCRIPT OF PROCEEDINGS
	)	
JOHNSONVILLE MECHANICAL	)	MARCH 30, 2017
CONTRACTORS, INC.,	)	
	)	
EMPLOYER,	)	
	)	
AND	)	
	)	
BRIDGEFIELD CASUALTY	)	
INSURANCE COMPANY,	)	
	)	
CARRIER,	)	
	)	
DEFENDANTS.	)	

THIS HEARING WAS HELD BEFORE
COMMISSIONER T. SCOTT BECK, REPORTED BY SKYLET KEAN,
COURT REPORTER AND NOTARY PUBLIC IN AND FOR THE STATE
OF SOUTH CAROLINA; SAID PROCEEDINGS WERE HELD AT THE
HARTSVILLE CITY HALL COUNCIL CHAMBERS, 100 EAST
CAROLINA AVENUE, HARTSVILLE, SOUTH CAROLINA, ON
THURSDAY, MARCH 30, 2017, COMMENCING AT
11:08 A.M.

SKYLET KEAN (803) 609-0134
fttpam@aol.com

APPEARANCES

FOR THE CLAIMANT:

THOMAS W. GREENE, ESQUIRE

GREENE LAW FIRM

POST OFFICE BOX 688

JOHNS ISLAND, SOUTH CAROLINA 29457

FOR THE DEFENDANTS:

J. BRANDON HYLTON, ESQUIRE

MCANGUS, GOUDELOCK & COURIE, LLC

POST OFFICE BOX 7489

FLORENCE, SOUTH CAROLINA 29502

PROCEEDINGS

THE COURT: Today's date is March 30, 2017. This is Workers' Compensation File No. 1607281. The claimant in this matter is Carroll Powell represented today by Attorney Thomas Greene. The employer is Johnsonville Mechanical Contractors, Inc. The carrier is Bridgefield Casualty Insurance Company. They are represented today by Attorney Brandon Hylton.

Date of accident in this matter is May 3rd, 2016. The average weekly wage and compensation rate were in dispute. We are here today on Claimant's Form 50. I've received APAs from both the claimant and the defendant in this matter.

Are there any objection to APAs, jurisdiction, venue or any other matter? Mr. Greene?

MR. GREENE: No, Your Honor.

THE COURT: Mr. Hylton?

MR. HYLTON: None, Commissioner.

THE COURT: Without objection the Commission file becomes a part of the record with the exception of serve-serving declarations and unstipulated medical reports.

During the pre-hearing conference in this

1 matter the respective positions of the parties was
2 discussed. There were a number of issues in dispute
3 prior to the call of this case. Many of those have
4 been resolved. The average weekly wage and
5 compensation rate -- excuse me -- have been resolved.
6 The parties stipulate now that the average weekly
7 wage is \$685.75 yielding a compensation rate of
8 \$457.20. There was a 90-day period of temporary
9 total disability benefits that was in dispute. The
10 parties have now agreed on that issue.

11 The parties also agree that the claimant
12 suffered a compensable injury to his right leg and
13 further agree that the authorized treating physicians
14 are Dr. Denton and Dr. Stickler. The remaining issue
15 that was to be litigated today had to do with
16 compensability of the back. On claimant's original
17 pre-hearing brief he asserted an injury to the low
18 back and the right leg. He filed an amended
19 pre-hearing brief on March 28, 2017 in which he
20 removed that issue for litigation today. As I find
21 that the pleading or the issue today is on claimant's
22 motion, he certainly has a right to amend his
23 pre-hearing brief. Based on the amended pre-hearing
24 brief, the back is not properly before me today.

25 I've had a conversation with counsel for

1 both parties. I've indicated to defense counsel that
2 since we're here on Mr. Green's pleading and he has
3 withdrawn the back for litigation purposes at this
4 time, that I would not entertain that issue in this
5 proceeding.

6 So what I'd like, Mr. Hylton, for you to
7 do is draft an order indicating that that issue
8 regarding the back is held in abeyance should
9 Mr. Greene wish to pursue that at some later date.
10 And I'd like for you to address the issues that you
11 have agreed upon prior to this proceeding commencing.

12 Are there any other matters that I need to
13 address today that I have not covered thus far?

14 MR. GREENE: Not that I know of, Judge.

15 MR. HYLTON: Just for purpose of the
16 record and for representation of my client, just note
17 my objection just to state that we would like to go
18 forward on the back issue today. That it was
19 properly brought on the Form 50 and that it was not
20 properly withdrawn and would like to go forward on
21 the back today.

22 THE COURT: I understand, but I would also
23 like to see indicated in that order that the claimant
24 by statute has the right to amend body parts on a 58
25 and he has done that properly. But I will note your

1 objection. I'm going to overrule the objection and
2 you can provide that in the order that you're going
3 to send to me.

4 MR. HYLTON: All right. Thank you,
5 Commissioner.

6 THE COURT: All right. Thank you,
7 gentlemen.

8 (WHEREUPON, THE HEARING WAS CONCLUDED AT 11:12 A.M.)
9
10
11
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21
22
23
24
25

CERTIFICATE OF REPORTER

STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

I, SKYLET KEAN, COURT REPORTER AND NOTARY PUBLIC, FOR THE STATE OF SOUTH CAROLINA, DO HEREBY CERTIFY THAT SAID HEARING TRANSCRIPT IS A STENOGRAPHIC REPORT AND WAS TRANSCRIBED THROUGH COMPUTER-AIDED TRANSCRIPTION; THAT THE FOREGOING TRANSCRIPT CONTAINS A TRUE RECORD OF SAID HEARING.

I FURTHER CERTIFY THAT I AM NEITHER ATTORNEY NOR COUNSEL FOR, NOR RELATED TO NOR EMPLOYED BY ANY OF THE PARTIES CONNECTED TO THE ACTION, NOR AM I FINANCIALLY INTERESTED IN THE ACTION.

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL AT COLUMBIA, SOUTH CAROLINA, THIS 22ND DAY OF FEBRUARY 2019.

SKYLET KEAN, COURT REPORTER
NOTARY PUBLIC FOR THE STATE OF
SOUTH CAROLINA
MY COMMISSION EXPIRES: 07/30/2024

SKYLET KEAN (803) 609-0134
fttpam@aol.com

THOMAS W. GREENE

ATTORNEY AT LAW

GREENE LAW FIRM
P.O. Box 688
Johns Island, SC 29457

CERTIFIED MEDIATOR AND ARBITRATOR

TEL: (843) 556-7273
FAX: (888) 411-1896

September 6, 2016

Daniel E. DeCamps, MD
Pee Dee Family Practice
625 S. Georgetown Highway
Johnsonville, South Carolina 29555

Re: Our Client: Carroll Powell
Date of Injury: 05/03/16
Employer: Johnsonville Mechanical Contractors, Inc.
Carrier: Bridgfield Casualty Ins. Co./Summit - TPA
Carrier File #: 0196-15-28386-0000-102810
WCC#: 1607281
Our File #: 16-11.wc

Dear Dr. DeCamps:

I represent Carroll Powell with reference to his job injury on May 3, 2016. I am in receipt of your office notes covering a period of time from 2010 to the present.

Based on your notes it appears that Mr. Powell injured his right knee in a four wheeler accident in 2010, however, an MRI did not reveal any internal damage to his knee. Beginning in 2014, he reported right knee pain which you opined was arthritic in nature. In 2015, you diagnosed him with chronic pain syndrome particularly with reference to his low back and knees, right worse than left. On August 14, 2015, you again opined that he suffered from chronic pain syndrome with, "mark pain in the right paralumbar area with increased muscle tone to palpation," and you prescribed Flexeril.

At his visit on November 20, 2015, your note states that, "he is able to accomplish his activities of daily living, etc. etc." On April 8, 2016, he came in for a medication refill.

On May 27, 2016, your note reflects that he had been referred to you from Johnsonville Mechanical with a history that on May 9, 2016, (actually May 3, 2016) he was working in a ceiling. You go on to state, "He had his right leg kind of wrapped around the pipe laying on his back, and when he went to pull up he felt something pop in the back of his right calf. He subsequently developed pain in his

Daniel E. DeCamps, MD
Pee Dee Family Practice
September 6, 2016
RE: Carroll Powell
Page 2

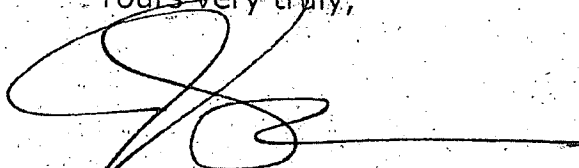
leg, both in his calf and his posterior thigh, some numbness down into his foot". On June 8, 2016, your note reveals that he was doing no better and, "In fact, he is now having some discomfort up into his back and even down into his left leg". Further in your note you opined, "... I feel as though he still probably had a tendon rupture and has developed a compensatory pain in his left side from walking differently, compensating for his injury to the right side, and in fact he is not sleeping well at night time."

Again on July 6, 2016, your note reflects that Mr. Powell was not getting any better and that he continued to have pain and not sleeping well and having difficulty ambulating you also note, "his MRI showed compartmental syndrome suggested of either muscle damage or nerve damage, and we are waiting a neurological evaluation on this."

I will appreciate your opinion stated to a reasonable degree of medical certainty (which is the same as more likely than not) whether or not Mr. Powell sustained a new injury to his right leg while he was carrying out his work duties on May 3, 2016, resulting in the symptoms you describe in your notes.

Thank you for your consideration of my request.

Yours very truly,

A handwritten signature in black ink, consisting of a large, stylized 'T' and 'G' followed by a horizontal line.

Thomas W. Greene

TWG/mdt

InMed

Diagnostic Services

1120 West Evans Street
Florence, SC 29501
Phone: (843) 292-0082
Fax: (843) 292-0086

Willie C Powell

Patient/Account Number:
DOB: Age: 49 /Male
Exam Date: 06/22/16

Referring Physician: **David Moon**
Referring Phone: (843) 374-2036
Referring Fax: (843) 394-5459

Venous Ultrasound: Right Leg

This examination was performed at InMed Diagnostic Services Of SC-FLO, 1120 West Evans St, Florence, SC 29501-3320.

PATIENT HISTORY: R/O DVT TENDON RUPTURE

EXAM: US-LOWER VENOUS (RIGHT)

EXAM: ULTRASOUND - LOWER EXTREMITY VENOUS WITH DOPPLER

PATIENT HISTORY: Right-sided leg pain. History of hypertension and smoking.

Technique: Duplex Doppler sonography of the right lower extremity was performed. 2-D gray scale compression ultrasound, color Doppler and waveform analysis performed.

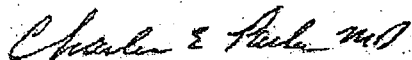
COMPARISON: None.

FINDINGS: The right common femoral, femoral, popliteal and infrapopliteal veins were compressible and patent. Color Doppler exam shows flow in all veins. There is normal augmentation of flow in the more proximal veins with calf compression. Normal phasic flow is evident.

Greater saphenous, lesser saphenous and deep calf veins were patent. No identified thrombus. No defined focal fluid collection in the right popliteal space or upper calf region.

IMPRESSION:

1. No evidence of deep venous thrombosis involving the right femoropopliteal venous circulation and infrapopliteal veins.
2. No apparent fluid collection or mass in the popliteal space or upper calf.



Charles Parke

electronically reviewed on Jun 22, 2016 16:49

Dict Date: Jun 22, 2016 16:47 Tran Date: Jun 22, 2016 16:49

Thank you for using Southeastern Overread Services
109 Muir Chapel Rd - STE 100 Greensboro, NC 27410
336.542.2900 Fax: 336.315.9961

Site Code: 441

DATE: 2/27/09
 WEIGHT: 183
 TEMP: 98.3
 BP: 140/91
 PAIN LEVEL: 8/10
 PSY

Self Care / Safety (Check for...)
 (Check for...)
 History of...
 Unsteady...
 Confusion...
 Age 70 or older...
 Medications (List as many as apply)
 Substances /...
 Substance abuse...
 Clon Drop car motor on foot

NICK
 PATIENT NAME: Powell, Willie Carol
 DATE: 02/27/09
 MM: 21980

S: The patient comes in today as a new patient. He has no known medical issues. No known drug allergies. He does not take any medication daily. He had tuberculosis as a child. They believe he was treated properly. He has not had a recent PPD. He had one surgery of his right knee in 2000 I believe it is arthroscopic for his cartilage. Family history, mother had hypertension, hypothyroid, paternal grandmother had lung cancer, and maternal grandmother had died of sepsis. Socially, he is a pipe fitter works full time. He smokes one to two packs per day of tobacco since 1988. Alcohol, he drinks six beers per day. He has never used any street drugs. The patient denies all review of systems. No chest pain, shortness of breath, or dyspnea on exertion. Presently, the patient comes in today for evaluation of his left foot. The patient indicates he was taking a motor out of the car yesterday and it fell while they removing it approximately one foot down onto his left foot. It scraped his shin just slightly. He was able to walk on the foot after that and it hurt just slightly last night but then this morning when he woke up the foot was very swollen, he is not able to walk on it, it is very tender. He states it feels a little tingly but his sensory seems to be intact.

O: This is a well-appearing and well-nourished 42-year-old white male. Blood pressure is 140/91. Head is normocephalic and atraumatic. TMs are pearly gray. Canals are clear. Oropharynx is clear. Heart is regular rate and rhythm. Lungs are clear to auscultation. The patient's left foot is quite swollen, compared to the right it is tender over the dorsal side. He does have a hematoma there as well. Pulses are intact. Sensory is intact. Thumb range of motion is decreased to the pain.

X-rays are obtained. I do not see any fracture or dislocation. We will have it over read.

A: Contusion to left dorsal foot.

P: I want the patient to continue on the crutches for a couple of days, not work for a couple of days, use Motrin 600 mg one p.o. t.i.d., ice, elevation, and some Lortab 5/500 mg one to two tablets every six hours p.r.n. pain. I want to see him back in a week. We do need to do PPD or chest x-ray. The patient refused that at this time.

Rebecca Zerwick, P.A.
 RZ/fts

DEE DEE FAMILY PRACTICE

325 W Mer St
Lake City, SC 29560

Box 180
Johnsonville, SC 29555

PATIENT NAME: Powell, Willie "Carroll"

DATE OF EXAM: 2/27/09

DATE OF BIRTH: [REDACTED]

X-RAY #: 15430

ACCOUNT #: MM 21980

LMP:

PHYSICIAN: Zerwick

PROCEDURE: L) foot

NUMBER OF VIEWS: 3

TYPE OF VIEWS: AP lat obl

REASON FOR STUDY: cp pain injury

QUALITY OF FILM: ☒ GOOD ☐ FAIR ☐ POOR

FINDINGS, IMPRESSION, AND DIAGNOSIS:

No Fx Dislocation noted

#2 2/27/09

7 tubercular fracture
of w nothing acute.
C. Zerwick

#2 3/11/09

RECOMMENDATION:

209249

DATE
HEIGHT
TEMP
PAIN
LEVEL

31 6/09

98.0

133/92

103

7/10

x

WILLIE POWELL #MM21980 3-06-09

- S: Patient returns today for continued left foot pain. Patient was seen one week ago in this office for left foot injury following dropping a motor onto his foot. At that time it was determined via physical exam and foot x-ray that there was no fracture or other deformity present. Patient was diagnosed with contusion to left dorsal foot, however, the patient reports that his pain has not improved. He continues to have discomfort with standing or walking on the foot. Pain is worsened with internal rotation, but tends to give him some difficulty with movement in all directions. He also reports that he has been having constant tingling and numbness in all five of his toes on left foot. He has been taking Motrin and the Lortab we prescribed him, but it has not had any effect on his pain. He has also been elevating the foot and putting ice on it which has often not offered any relief. He also notes that although the overall swelling in the foot has receded, he has recurrence of the swelling whenever he tries to walk or put any pressure on the foot. The swelling then recedes with rest.
- O: On PE, this is a WDOWN 42-yr-old WM in NAD. Vital signs today are wnl. Head - NC/AT. Nasopharynx and OP are clear. Neck is supple without lymphadenopathy. Lungs are clear to A. Cardio - RRR. Radial pulses are palpated. Abdomen is nontender, nondistended. On inspection of left foot, there is no obvious bruising or swelling. There is a good deal of tenderness to palpation on the lateral dorsal aspect of the foot. Patient experiences pain in all ranges of motion, especially internal rotation, but excluding lateral rotation. There is no tenderness to palpation in any of the left toes. However, vibratory sense is absent. Dorsalis pedis and posterior tibial pulses are palpated. There is no pain and deformity in the right foot and vibratory sense is present in the right toes. A second x-ray is taken of the patient's left foot which once again shows no evidence of any fractures or other deformities.
- A: This patient continues to have contusion to the left dorsal foot.
- P: Patient is reassured that the injury seems to be getting progressively better, but that symptoms may still persist for another week or so, as he states Lortab has not worked for him, but that Lorcet has worked in the past. We prescribed him Lorcet 10/500, to be taken once q4-6h as needed for pain. The patient can continue elevation and ice on the foot. Upon the patient's request, we have also filled out paperwork for him, giving him an excuse from work until his foot has healed adequately. Patient should f/u with us in a week for recheck of his left foot.

(MORROW DOWDLE, P.A. - S2/REBECCA ZERWICK, P.A./ERNEST ATKINSON, M.D./ws)

DEE DEE FAMILY PRACTICE

325 W Mer. St
Lake City, SC 29560

Box 180
Johnsonville, SC 29555

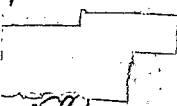
PATIENT NAME:

Pearce, Willie

DATE OF EXAM:

3/6/09

DATE OF BIRTH:



X-RAY #: 15430

ACCOUNT #:

24980

LMP:

N/A

PHYSICIAN:

R. Zwick

PROCEDURE:

D. Foot

NUMBER OF VIEWS:

3

TYPE OF VIEWS:

AP Lat obl

REASON FOR STUDY:

Foot injury

* Jacket has not returned

QUALITY OF FILM:

GOOD

FAIR

POOR

FINDINGS, IMPRESSION, AND DIAGNOSIS:

No Fr / Dislocation

WNL

3/6/09

RECOMMENDATION:

O.R.K.

DATE:	7-26-2010
WEIGHT:	140 1/2 lbs
TEMP:	97.3
BP:	131/87 P: 79
PAIN LEVEL:	9/10

No Risk

C/O (R) Knee pain
4 wheeler Accident

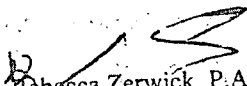
PATIENT NAME: Powell, Willie Carroll
DATE: 07/26/10
MM: 21980

S: The patient comes in today for four-wheeler accident. The patient indicates that this accident was over the weekend. He believes he hit a hole and fell off the four wheeler, the four wheeler rolled on top of him hitting his right knee. He thinks the knee did rotate as well. He has had a hard time walking on it, it was swollen over the last couple of days. Today it is better. Range of motion is decreased due to pain. No neurosensory changes.

O: On physical examination, this is a well-appearing and well-nourished 44-year-old white male. Blood pressure is 131/87. Head is normocephalic and atraumatic. Heart is regular in rate and rhythm. Lungs are clear to auscultation. The patient's right knee compared to left appears the same. He has no crepitus. He has a little bit of point tenderness. No decreased range of motion due to pain. X-rays are obtained. I do not see any fractures or dislocation just to the knee. Neurovascular is intact. There is no swelling.

A: Right knee pain due to injury.

P: We are going to treat with Motrin 800 mg one p.o. t.i.d. and Lortab 5/500 mg one p.o. every six to eight hours p.r.n. pain. He is to stay somewhat mobile, not completely inactive. I kept him out off work for the week and he is to followup in a week.


Rebecca Zerwick, P.A.

RZ/fts

PEE DEE FAMILY PRACTICE

☐ Dr. David Moon
☐ Dr. Daniel DeCamps
☐ Dr. Stephen Askins
☐ Dr. M. Steve Fowler

☐ Lisa Castles, PA
☒ Rebecca Zerwick, PA
☐ Courtney Stanley, PA

325 W. MERCY ST.
LAKE CITY, SC 29560

625 S. GEORGETOWN HWY.
JOHNSONVILLE, SC 29555

PATIENT NAME: *Bwell, Willie C.*

DATE OF EXAM: *7/26/10*

DATE OF BIRTH: 

X-RAY #: *15430*

ACCOUNT #: *MM 21980*

LMP:

TECH: *Jepson*

PROCEDURE: *R knee*

NUMBER OF VIEWS: *2*

TYPE OF VIEWS: *AP lat*

REASON FOR STUDY: *4 wheeler injury*

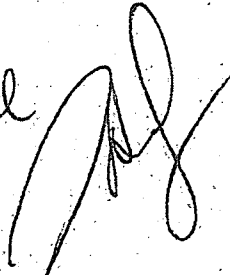
QUALITY OF FILM: GOOD FAIR POOR

FINDINGS, IMPRESSION, AND DIAGNOSIS:

↓ joint space

No Fr / Dislocation

R 7/26/10

Aguel


R 8/4/10

DATE: 139
WEIGHT: 98.0
TEMP: 150/101
BP: 4/10
PAIN: -
LEVEL: P81

[illegible]

Clo (R) knee pain

NUSA

PATIENT NAME:
DATE:
MM:

Powell, Willie C.
08/02/10
21980

S: The patient comes in today for one week followup. The patient has been in a four wheeler accident a week Saturday and he fell off of four wheeler and it flipped on to him landing on his knee and causing a sort of twisting motion he believes. He states that his knee feeling better. He is getting some more range of motion, not as tender but he works construction and I do not believe that he can go back to work at this point. His gait is very limited still. His range of motion is still limited and with pain rather. He is able to stay out little longer

O: On physical examination, this is a well-appearing and well-nourished 44-year-old white male. His vitals are within normal limits. Head is normocephalic and atraumatic. Heart is regular in rate and rhythm. Lungs are clear to auscultation. The patient's right knee appears the same as the left. He is wearing a pull-on brace. He has decreased flexion/extension due to pain but he has better range of motion this week. There is no real point tenderness and tendons are intact. Neurovascularly, he is intact. There is no swelling.

A: Right knee pain status post injury.

P: I did fill out the patient's short-term disability form for work keeping him off for another week. He is to follow up in a week. I do want him to do some exercises and stretching, but not too much and keep his leg elevated at home and keep it with compression. He is to let us know otherwise how he is doing.

325 Mercy Street, I
David W. Moon, M.C.
Daniel E. Decamps,
Lisa Castles, P.A.
Rebecca Zerwick, P.
Courtney Stanley, P.
Stephen W. Askins,
M. Steve Fowler, Jr.,

Rebecca Zerwick; P.A.

RZ/fts

S.C. Lic. 5015

Date _____

[illegible]

TOTAL No	
Rx's	
#028115	

DISPENSE AS WRITTEN

M.D.

SUBSTITUTION PERMITTED

M.D.

QUICK PRINT --
(843) 774-4820

21454

Date of Service: 5/8/15

Time: 10:10

Patient Name: Willie Powell

DOB: [REDACTED]

Weight: 150 lbs

Pain Scale: [REDACTED]

Height: [REDACTED]

Fall Risk: Yes or No

Temp: [REDACTED]

Provider: DeCamps

B/P: R [REDACTED]

P: [REDACTED]

Clinical Staff: Dr [REDACTED]

WILLIE C. POWELL

DOB: [REDACTED]

5-8-15

SUBJ: Patient presents today for f/u for his chronic pain syndrome. He continues to have severe arthritic type severe discomfort, primarily in his lower back and his knees, right worse than the left. He still has ED symptoms. His BP remains elevated.

PE: HEENT exam is benign except for chronic irritative changes. He smokes. Ausc of lungs reveals fibrotic crackles. Ausc of heart reveals a RRR.

IMPRESSION: 1. Hypertension
2. ED

3. Hyperlipidemia

PLAN: I will check an NMR panel, PSA, testosterone level, comprehensive panel. Rewrote his Norco 10/325, #90, 1 t.i.d. prn pain. Will increase Losartan from 50 to 100 mg daily. Get a BP check once a week for a while with additional plans depending upon results.

(DANIEL E. DeCAMPS, M.D./ws)

PEE DEE FAMILY PRACTICE

276 N. Ron McNair Blvd., Lake City, SC 29560, Phone (843) 394-5471 • 625 S. Georgetown Hwy., Johnsonville, SC 29555, Phone (843) 396-3108

David W. Moon, M.D. DEA NO. AM8838015 S.C. Lic. 9839
Daniel E. Decamps, M.D. DEA NO. AD1697234 S.C. Lic. 11414
Lisa Castles, P.A. DEA NO. MC2086785 S.C. Lic. 432FP
Courtney Stanley, P.A. DEA NO. MS2100155 S.C. Lic. 1297FP
Stephen W. Askins, M.D. DEA NO. BA8403266 S.C. Lic. 24916
M. Steve Fowler, Jr., M.D. DEA NO. AF0337546 S.C. Lic. 5015

Patient's Name: Willie Powell

Address: [REDACTED]

Date: 3/8/15

Rx	LABEL ALL Rx's	MG or CC	No.	SIG	REFILL
	Norco	10/325	90	T.T. 1 t.i.d. prn pain	
	Losartan	100	30	T.T. 1 t.i.d.	12

M.D.

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

M.D.
QUICKPRINT
(843) 774-4820

Date of Service: 8.14.15 Time: 820

Patient Name: Willie Powell DOB: [REDACTED]

Weight: 146 lbs.

Pain Scale: _____

Height: _____

Fall Risk: Yes or (No)

Temp: UTO

Provider: DeCamps

B/P: R _____ / _____ P: _____

Clinical Staff: DM

L 144 / 88 P: 78

ALLERGIES: N/A

C/O: 3 month F/W

WILLIE CARROLL POWELL DOB: [REDACTED] 8-14-15

SUBJ: Patient presents today for f/u for his chronic pain syndrome. He had injured his back, has some marked pain in the right paralumbar area with increased muscle tone to palpation. I am going to put him on Flexeril 10 mg at bedtime. Rewrote his Norco 10/325, #90, 1 t.i.d. with appropriate counseling and additional plans depending upon results.
(DANIEL E. DeCAMPS, M.D. (ws))

PEE DEE FAMILY PRACTICE

276 N. Ron McNair Blvd., Lake City, SC 29560, Phone (843) 394-5471 • 625 S. Georgetown Hwy., Johnsonville, SC 29555, Phone (843) 386-3106

David W. Moon, M.D. DEA NO. AM8838015 S.C. Lic. 9839
Daniel E. Decamps, M.D. DEA NO. AD1697234 S.C. Lic. 11414
Lisa Castles, P.A. DEA NO. MC2086785 S.C. Lic. 432FP
Courtney Stanley, P.A. DEA NO. MS2100155 S.C. Lic. 1297FP
Stephen W. Askins, M.D. DEA NO. BA8403266 S.C. Lic. 24918
M. Steve Fowler, Jr., M.D. DEA NO. AF0337546 S.C. Lic. 5015

Patient's Name: Willie Powell
Address: [REDACTED]
Date: 8/14/15

R	LABEL ALL Rx's	MG or CC	No.	SIG	REFILL
	<u>Norco 10/325</u>	<u>10</u>	<u>90</u>	<u>1 t.i.d.</u>	<u>3</u>
	<u>Flexeril</u>	<u>10</u>	<u>3</u>	<u>at bedtime</u>	<u>3</u>

TOTAL No.
Rx's
#050913

DISPENSE AS WRITTEN

M.D.

SUBSTITUTION PERMITTED

M.D.

QUICK PRINT -
(843) 774-4820

Date of Service: 4.8.16 Time: 1130

Patient Name: Willie Powell DOB:

Weight: 152 lbs

Pain Scale: _____

Height: _____

Fall Risk: Yes or (No)

Temp: _____

Provider: De Camps

B/P: R / _____ P: _____

Clinical Staff: DA

L 149, 89 P: 84

ALLERGIES: NKA

c/o: 3 month Flu Chronic pain

WILLIE POWELL DOB: 4-8-16

SUBJ: Mr. Powell presents today for follow-up for his chronic pain syndrome to get a refill of his medications. I have taken time to discuss with him in detail today his elevated cholesterol. He is now on Lipitor and the need for calcium scoring study, etc. PE: Lungs are clear. Ausc of heart reveals a RRR. He does have this recurrent fever blister. PLAN: I wrote him for Valtrex. ~~Will~~ have him return in three months at which time we will do his fasting blood work and again consider calcium scoring study in the interim. (DANIEL E. DeCAMPS, M.D./ws)

PEE DEE FAMILY PRACTICE

276 N. Ron McNair Blvd., Lake City, SC 29560, Phone (843) 394-5471 • 625 S. Georgetown Hwy., Johnsonville, SC 29555, Phone (843) 386-3106

David W. Moon, M.D. DEA NO. AM8838015 S.C. Lic. 9839
Daniel E. Decamps, M.D. DEA NO. AD1697234 S.C. Lic. 11414
Lisa Castles, P.A. DEA NO. MC2086785 S.C. Lic. 432FP
Courtney Stanley, PA DEA NO. MS2100155 S.C. Lic. 1297FP
Stephen W. Askins, M.D. DEA NO. BA8403266 S.C. Lic. 24916
M. Steve Fowler, Jr., M.D. DEA NO. AF0337546 S.C. Lic. 5015

Patient's Name: Willie Powell
Address: _____
Date: 4/8/16

Rx	LABEL ALL Rx's	MG or CC	No.	SIG	REFILL
	<u>Valtrex</u>		<u>1</u>	<u>2 tabs po bid for 120</u>	
	<u>Aspirin</u>				

TOTAL No. _____ M.D. _____
Rx's _____ DISPENSE AS WRITTEN _____ SUBSTITUTION PERMITTED _____
#050918

QUICK PRINT -
(843) 774-4820



Pain Specialists of Charleston

Edward T. Lavelle, MD & Walter D. Stickler, MD

Neurology Specialists of Charleston

Gavin Sticker, MD

POWELL, WILLIE CARROLL

50 Y old Male, DOB: [REDACTED]

Home: [REDACTED]

Guarantor: POWELL, WILLIE CARROLL Insurance: BRIDGEFIELD INS CO Policy

ID: PAPER

Referring: COMP WORKERS

Appointment Facility: PAIN SPECIALISTS OF CHARLESTON

07/21/2016

David Stickler

Current Medications

Taking

- Percocet 10-325 MG Tablet 1 tablet as needed Orally BD as needed
- Norco 10-325 MG Tablet 1 tablet as needed Orally TD
- Valium 10 MG Tablet 1 tablet as needed Orally at bedtime
- Lisinopril 10 MG Tablet 1 tablet Orally Once a day
- Medication List reviewed and reconciled with the patient

Past Medical History

- High blood pressure
- High Cholesterol

Surgical History

- Knee surgery
- eye surgery

Family History

- Father: deceased
- Mother: alive

Social History

- Alcohol: yes
- Children: yes
- Smoking: yes

Allergies

- NKDA

Hospitalization/Major Diagnostic Procedure
see list above

Review of Systems

Genitourinary:

- Patient denies bladder incontinence, frequent urination, urinary urgency, burning with urination.

Cardiology:

- Patient denies chest pain (angina), irregular heartbeats (palpitations), lightheadedness of standing.

Dermatology:

- Patient denies frequent bruising, rash.

ENT:

- Patient denies blurred vision, loss of vision, double vision, new hearing loss, dizziness.

Gastroenterology:

- Patient denies nausea/vomiting, diarrhea, constipation.

General:

- Patient denies more than 15 lb weight change in past 6 months. Patient complaining of chills, fatigue, fever.

Musculoskeletal:

- Patient denies neck stiffness, neck pain. Patient complaining of joint pain, joint swelling, back pain, muscle spasms.

Neurology:

- Patient denies confusion, memory loss, poor balance, difficulty with speech, headache, migraines.

Reason for Appointment

- 1. Pain in legs

History of Present Illness

New Patient Evaluation

Patient is seeing us to evaluate and treat possible tibial nerve dysfunction. Patient complains of having pain in bilateral legs and hands. He states the pain began while he was at work working on a pipe and had it legs wrapped around it leaning back to fix the pipe above him and when he sat up he felt something in his right leg "pop". After the pain in the right leg started he began to have pain in the lower back then the pain started to radiate into the left leg but the right leg is more severe. He is also complaining of swelling in bilateral hands. Patient states the pain is constant everyday and night making it hard for him to sleep at night. He is also having tingling and numbness in bilateral legs but the right side is worse. Patient is having a hard time walking and losing his balance due to the pain in the legs. Patient has seen a WC doctor and they sent him for a MRI and it showed that changes that could be related to either local inflammation versus denervation changes from tibial neuropathy. He is taking Percocet 10-325MG, Lorazepam 10-325MG and Valium 10MG with only mild improvement.

DOT: 5/3/16

Body Parts Covered: Lower back

Claim: Open

Work Status: Light Duty.

Vital Signs

Pain Scale --, HT 5'9, WT 160 lbs, BMI 31.24, BP 146/94 mm Hg, HR 68, RR 18.

Physical Examination

Comprehensive Neuro Exam:

General: Awake and alert. In mild distress. Eyes: Pupils equal, round and reactive. Musculoskeletal: Antalgic gait. HE could not stand on his heels or toes secondary to reported pain. Normal tone. No spasticity. Strength (upper): Normal 5/5 strength in the upper extremities. Strength (lower): Strength 5/5 in all muscle groups in the left leg. Right leg testing was significantly limited by a pain related reduction in activation. all muscle groups testing (proximal and distal) resulted on pain that reduced effort. No clear atrophy. There was also evidence for a positive Hoover and reverse Hoover sign in the LE. Mental status/cortical function: Fully alert and oriented to person, place and time. Normal language. Sensory: Hyperesthetic sensation in the entire right leg below the knee with a relative reduction in temperature and vibration sensation the right leg compared to the left in a non-dermatomal or peripheral-nerve specific distribution. Reflexes: Reflexes 2+ and symmetric in the upper and lower extremities. Coordination: No tremor. Normal coordination.

Assessments

1. Pain in right leg - M79.604 (Primary)
2. Long term (current) use of opiate analgesic - Z79.891

The MRI findings are nonspecific but could be related to a primary neurogenic process. The examination today was very difficult to interpret with reported inability to cooperate with just about all motor testing limited secondary to pain. I was unable to determine the presence of pathologic weakness given these limitation. Sensory exam with alteration reported throughout the leg. His complaints are greater than what would be expected for a focal tibial neuropathy or even lumbar radiculopathy with more recent complaints in both hands. He initially stated he did not want to consider EMG. I

fainting/loss of consciousness, tingling, numbness,
falls or other recent trauma. Patient complaining
of terror, changes in gait, arm weakness, leg
weakness.

Psychology:

Patient denies hallucinations, anxiety, suicidal
ideation, insomnia, depression.

Respiratory:

Patient denies cough, difficulty breathing.

explained that this was going to be the best way to evaluate for a neurogenic process.
He finally agree to try and complete the testing. This will be scheduled.

Treatment:

1. Pain in right leg

Notes: After talking with patient, An EMG/NCV of BLE was recommended and
discussed with the patient. Patient was advised to refrain from use of lotions, creams or
oils in the area to be tested. Patient was also explained the risks of undergoing the
diagnostic test while taking blood thinners. Electronic records being sent to referring
provider. As always, thank you for this kind referral and I look forward to working with
you in the care of this patient. Transcribed by Katie Wells.

2. Long term (current) use of opiate analgesic

LAB: Urine Drug Screen

LAB: Full Panel

Notes: UDS is being performed due to establishment of a new patient. UDS performed
in the office today. Screening performed for confirmation that the current prescribed pain
medications are present and taken as prescribed. We will also confirm that no illicit
drugs are present. Urine sample sent to In-Office Lab for confirmation.

Procedure Codes

G0431 DRUG SCR QUAL; SINGLE CLASS METH EA

G6056 OPIATES, DRUG AND METABOLITES, EACH PROCEDURE

G6058 Drug Confirmation, each procedure

G6058 Drug Confirmation, each procedure

G6058 Drug Confirmation, each procedure

G6058 Drug Confirmation, each procedure

G6058 Drug Confirmation, each procedure

Follow Up
pending EMG (Reason: EMG/ NCS)

Electronically signed by DAVID STICKLER, MD on 09/06/2016 at 10:13 AM EDT

Sign off status: Pending

PAIN SPECIALISTS OF CHARLESTON
2695 ELMS PLANTATION BLVD
NORTH CHARLESTON, SC 294065017
Tel: 843-818-1181
Fax: 843-818-1145

Patient: POWELL, WILLIE CARROLL DX [REDACTED] Progress Note: David Stickler 07/21/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Neurology

Specialists of Charleston

www.NeurologyCharleston.com

David Stickler, MD
Board Certified Neurologist

2695 Elms Plantation Blvd., Suite B
North Charleston, SC 29406
Office: 843.410.0924
Fax: 843.818.1145

Test Date: 8/9/2016

Patient:	Willie Powell	DOB:		Physician:	David Stickler, MD
Sex:	Male	ID#:		Ref Phys:	David Stickler, MD

Brief History:

Patient is a 50 year-old male who presents with right lower extremity pain and paresthesias. Examination with give-way weakness throughout the right leg and hyperesthetic sensation throughout the leg. The specific question is to evaluate for lower extremity neuropathy versus lumbar radiculopathy.

Nerve Conduction Studies Summary:

Evaluation of the right median motor nerve showed no response (Wrist (7cm)). The left tibial motor nerve showed prolonged distal onset latency (7.3 ms). The right radial sensory nerve showed no response (Wrist (10cm)). The right superficial peroneal sensory nerve showed no response (10 cm). The right sural sensory nerve showed no response (Calf (14cm)). All remaining nerves (as indicated in the following tables) were within normal limits. The multiple absent response were not necessarily pathologic. The patient was unable to relax during the testing and consistently moved the entire limb tested, even with low levels of stimulation.

EMG Summary:

Concentric needle evaluation of the right gastroc muscle showed increased insertional activity and slightly increased spontaneous activity. All remaining muscles (as indicated in the following table) showed no evidence of electrical instability.

Impression:

This is a non-diagnostic study. The patient was unable to tolerate conduction studies and even low level stimulation produced large amplitude movements with the inability to relax the muscles of the leg that equally limited the sensory conduction studies. Given these technical limitations, supramaximal stimulation was never tolerated to the point that accurate responses could be obtained, and this study cannot fully evaluate for a focal right lower extremity neuropathy. The EMG was also limited by reduced activation that appeared to be secondary to pain. There was a mild increase in insertional activity in the right lateral gastrocnemius muscle. There were no clear neurogenic motor units observed in either leg to confirm a neurogenic process.


David Stickler, MD

Patient: Powell, Willie

Test Date: 8/9/2016

Page 2

Nerve Conduction Studies

Anti Sensory Summary Table

Stim Site	NR	Peak (mV)	Norm Peak (mV)	P-T Amp (uV)	Norm P-T Amp	Dist (cm)
Right Radial Anti Sensory (Dors 1st Digit)						
Wrist (10cm)	NR		<2.5		>15	
Right Sae Prop Anti Sensory (Ant 1st Met)						
10 cm	NR		<4.1		>5.0	
Right Sacral Anti Sensory (Lat Malle)						
Calf (14cm)	NR		<4.8		>5.0	

Motor Summary Table

Stim Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm O-P Amp	Site1	Site2	Delta-0 (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Right Median Motor (Abd Pol Brev)											
Wrist (7cm)	NR		<4.5		>3.0						
Right Peroneal Motor (Ext Dig Brev)											
Ankle (8cm)		6.8	<6.6	2.4	>2.0	Popit	Ankle (8cm)	8.9	57.0	42	>42
Popit		15.5		2.0							
Left Tibial Motor (Abd Hall Brev)											
Ankle (8cm)		7.3	<6.6	5.3	>2.0						
Right Tibial Motor (Abd Hall Brev)											
Ankle (8cm)		6.6	<6.6	2.8	>2.0	Knox	Ankle (8cm)	8.6	44.0	51	>42
Knox		15.2		1.5							

EMG

Side	Muscle	Nerve	Root	Ins Act	Fiba	Fav	Fractur	Amp	Dev	Polv	Repr	Int Pos	Comment
Right	Peroneus Long	Sap Br Peron	L5-S1	Nml	Nml	Nml	Absent	Nml	Nml	0			Red Act
Right	VastusLat	Femoral	L2-4	Nml	Nml	Nml	Absent	Nml	Nml	0			Red Act
Right	VastusMed	Femoral	L2-4	Nml	Nml	Nml	Absent	Nml	Nml	0			Red Act
Right	Gastroc	Tibial	S1-2	Ins	1+	1+	Absent	Nml	Nml	0			Red Act
Left	Gastroc	Tibial	S1-2	Nml	Nml	Nml	Absent	Nml	Nml	0			Red Act
Right	AntTibialis	Do Br Peron	L4-5	Nml	Nml	Nml	Absent	Nml	Nml	0			Red Act
Left	AntTibialis	Do Br Peron	L4-5	Nml	Nml	Nml	Absent	Nml	Nml	0			Red Act

Attachments



Pain Specialists of Charleston

Edward T. Ford, MD & David Stickler, MD

Neurology Specialists of Charleston

David Stickler, MD

POWELL, WILLIE CARROLL

50 Y old Male, Dr

Appointment

Home

Guarantor: POWELL, WILLIE CARROLL Insurance: BRIDGEFIELD INS CO Payer:

ID: PAPER

Referring: COMP WORKERS

Appointment Facility: PAIN SPECIALISTS OF CHARLESTON

08/09/2016

David Stickler

Current Medications
None

Past Medical History
High blood pressure
High Cholesterol

Assessments

1. Pain in right leg - M79.604 (Primary)
2. Paresthesia of skin - R20.2

Treatment

1. Pain in right leg

Referral To:

Reason: MRI of L-Spine without contrast

Procedure Codes

95910 NRV CNDJ TEST 7-8 STUDIES
95885 MUSC TST DONE W/NERV TST LIM
95886 MUSC TEST DONE W/N TEST COMP

Follow Up

pm

Electronically signed by DAVID STICKLER, MD on 08/06/2016 at 01:40 PM EDT

Sign off status: Pending

PAIN SPECIALISTS OF CHARLESTON
2635 ELMS PLANTATION BLVD
NORTH CHARLESTON, SC 294065017
Tel: 843-818-1181
Fax 843-818-1145

Patient: POWELL, WILLIE CARROLL DO [REDACTED] Progress Note: David Stickler 08/09/2016

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222 8



Neurology

Specialists of Charleston

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Neurology Specialists of Charleston

David Stickler, MD

2695 Elms Plantation Blvd - Charleston, SC 29406

Phone: (843) 410-0924

Fax: (843) 818-1145

www.NeurologyCharleston.com

8/19/16

Mr. Willie Carroll Powell was referred for possible nerve injury secondary to changes on the MRI of the leg. I could not confirm that he has a clear tibial neuropathy in his recent EMG/NCS. These change could be secondary to a neurogenic process involving his lumbar spine and an MRI of the lumbar spine has been requested to evaluate further.

David Stickler, MD



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: February 2, 2017 Patient: Willie Powell Page: 1
 Anthony W. Alexander, M.D., Rakesh P. Chakraborty, M.D., Barry L. Clark, D.O.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
 Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Rummen, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welsh, M.D.

901 E. CHURCH ST., SUITE 100 - FLORENCE, SC 29506-2769

(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Lumbar IME Examination

PATIENT ID: [REDACTED]

Patient: Willie Powell

Address: [REDACTED]

DOB: [REDACTED]

Employer: Johnsonville Mechanical Contractions

Date of Service: 02/02/2017

Gender: male

Age: 50 year(s)

Occupation: No data for Occupation

Referring Physician: IME

Other Physicians:

Date of injury/onset:

Date Type
05/03/2016 injury

Chief Complaint: Right leg pain and numbness for independent Medical Evaluation

(X) Low back pain

() Neck pain

() Leg pain () L () R

() Arm pain () L () R

() Thoracic back pain

History of

Present Illness:

This very pleasant 50 year old white male that works for mechanical a contractor sustained a work related injury May 3rd, 2016 while leaning backwards to do some work. He had his legs hooked underneath a pipe and when he pulled up utilizing his legs for leverage he felt sharp pain and pulling sensation in the right leg. He continued working for several weeks but noted increasingly severe pain in his leg that radiated up to the hip region. He saw Dr. Decamps, his family physician and workers comp authorized treating physician who recommended conservative treatment. He was subsequently placed on light duty on November 12th and he has continued in those limited work activities since that time. He describes a pulling type sensation with swelling in his right leg with numbness and tingling in the lateral three toes of the right foot and now an altered gait dynamic with the right leg being externally rotated when he walks. He has some mild discomfort with weight bearing though it is not severe. He has had no previous problems with his leg though in 2010 did have some meniscus symptoms in his knee that was treated conservatively. Sitting or riding for prolonged period of time increases his discomfort but then after he moves around a bit it does improve. Saw a neurologist who did electrodiagnostic studies, the results of which are not available. Also saw Dr. Poletti at Southeastern Spine who felt that he had some type of neuralgia in his right leg. His wife notes spontaneous fasciculations in the outer portion of his right lower leg at rest. A video was recorded of this which I reviewed and it appears that she has represented this accurately. He has minimal if any back complaints.

Medications:

Patient has no Current Medications.

Allergies:

No data for Allergies

Surgical History:

No data for Operations

Medical History:

Depression; Hypercholesterolemia; Hypertension

Family History:

Hypertension; Parents: Father-Deceased; Parents: Mother-Living

Social History:

Light tobacco smoker Alcohol use: Occasionally; Drug Use: Never; Employment: Full Time; Marital Status: Married

REVIEW OF SYSTEMS:



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: February 2, 2017 Patient: Willie Powell Page: 2

Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Gary L. Clark, D.O.,
Patrick R. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey M. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Nunyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welsh, M.D.

901 E. CHEVES ST., SUITE 100 - FLORENCE, SC 29506-2769

(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Review of Systems: General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine systems have been reviewed and are negative except:
Cardiac: High blood pressure; cardiac: HIGH CHOLESTEROL; Psychiatric: Depression

PHYSICAL EXAM:

Vitals: No data for Vitals
Appearance: No acute distress
Psychiatric: Mood and affect were appropriate.
Head: Normocephalic, atraumatic.
Skin: Clean, dry, no lesions, no rashes.
Neuro: Alert and oriented x 3.

LUMBAR FOCUSED EXAM: Healthy appearing, slender white male in no acute distress. He gave an appropriate effort on examination and exhibited no non-organic physical signs. He is able to rise easily from sitting to standing and stands erect with full weight bearing on both lower extremities without a list. Slightly decreased lumbar lordosis. There is no localized tenderness in the lumbar spine. No palpable step off of the spinous processes. Lumbar flexibility is full in all planes. Hip and knee motion is full and painless. No sciatic stretch signs are noted. He has some dysesthesias in the lateral portion of his right foot and lower leg. Compartments are soft. Minimal diffuse swelling in the right lower leg compared to the left. No muscular wasting. Motor strength is 5/5. Gait is non-antalgic but he does appear to walk with his right leg slightly externally rotated compared to the left.

Xrays: None

MRI: MRI scan from Lake City Community Hospital dated October 3, 2016 was personally reviewed of the lumbar spine and demonstrates mild degenerative changes at L4-5 and L5/S1 with a small central disc bulge at L5/S1. No significant compressive pathology. MRI scan of the right lower extremity done at InMed 6/22/2016 was reviewed by way of report which demonstrates soft tissue swelling in the compartments of the right lower leg involving the gastroc soleus and posterior tibial region. This was consistent with an inflammatory or traumatic process. From the same date deep venous thrombosis work up was obtained with ultrasound which was negative.

CLINICAL DIAGNOSIS: Neuralgia right leg status post mild compartment syndrome right leg. Degenerative disc disease L4-5 and L5/S1 without herniation or lumbar stenosis.

ICD9/10 Code: M51.36-Other intervertebral disc degeneration, lumbar region; M51.37-Other intervertebral disc degeneration, lumbosacral region

DISCUSSION:

Patient suffered what appears to be a direct muscular strain or tear of the right lower extremity during his industrial accident that caused a mild compartment syndrome the residual of which continues to be a problem. No specific treatment is indicated for this and hopefully symptoms will continue to improve though he understands there is no way to determine this with any reasonable medical certainty. His spinal condition is not relevant. There is no impairment associated with his lumbar spine. These are degenerative changes that were not caused by his industrial accident. There is impairment associated with his ongoing right lower extremity symptoms and he appears to be at maximum medical improvement with a 8% impairment to the right lower extremity. No specific restrictions are necessary. No further evaluation or treatment is needed.



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: February 2, 2017 Patient: Willie Powell Page: 3

Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dorsey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley A. Rymann, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

901 E. GIEVES ST. SUITE 100 - FLORENCE, SC 29506-2769
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W.S. Edwards Jr MD

W. S. Edwards, M.D.
Spine Surgeon
Pee Dee Spine Center

This document was electronically signed on 02/02/2017.

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA WORKERS COMPENSATION COMMISSION
FULL COMMISSION

Case No.: 2018-002152

Willie Carroll Powell, Employee

Appellant,

v.

Johnsonville Mechanical Contractors, Inc., Employer,
and
Bridgefield Casualty Insurance Company c/o Summit, Carrier,

Respondents.

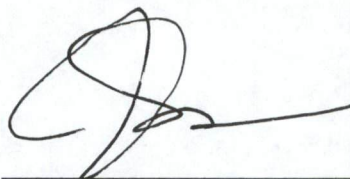
CERTIFICATE OF COUNSEL

I, Thomas W. Greene, attorney for the Appellant, hereby, certify that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

RECEIVED

APR 08 2019

SC Court of Appeals



Thomas W. Greene
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